THE JOURNAL

of the American Medical Association

Published Under the Auspices of the Board of Trustees

VOL. 153, NO. 4 — CHICAGO, ILLINOIS — SEPTEMBER 26, 1953

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PSYCHIATRIC SERVICES IN GENERAL HOSPITALS

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Grouping patients with similar diseases and then separating these groups from each other has long been useful and effective in medical practice. Sometimes these groupings have been made on wards or services of hospitals, and sometimes there have been specialized hospitals. With increased understanding of illness, it has been shown in many instances that the degree of segregation and specialization once thought necessary is no longer required; in fact, coordination and consultation become increasingly difficult if specialization is carried too far. Increasingly we see the development of general hospitals that are organized so that they can treat the full range of human ailments through well-planned construction and organization of services. A good example of the reduced use of specialized hospitals is in the field of infectious disease. Medical knowledge now makes it possible to handle the problems of infectious diseases without risk to others in a general hospital. This same trend is making itself strongly felt in the field of psychiatry.

I have had two kinds of experience as a staff member of general hospitals. Before entering the field of psychiatry, I was an attending physician on the staff of the Charles F. Wilson Memorial Hospital in Johnson City, N. Y., for seven years. For 10 years prior to coming to Wisconsin, I was psychiatrist on the staff of the Edward J. Meyer Memorial Hospital in Buffalo, and, for 5 years, I was in charge of the psychiatric service in that 1,000 bed county general hospital. Since the trend toward development of psychiatric services in general hospitals is increasing and appears to be highly desirable, the following ideas derived from my experience are offered for consideration.

PATIENTS

The greatest increase in persons hospitalized for psychiatric care has been among old persons. The problems of these patients are (*a*) organic changes and (*b*) family and social relationships. The role of the general hospital in this field is unquestioned. The further need is for development of total geriatric programs in which increasing hospitalization can be linked with other services to the aged. This service to older persons does not functionally belong in state hospitals, although patients in that group represent about 50% of the admissions across the country. Care of the aged requires consideration of homes and infirmaries for such persons and provision for care of the chronically ill.

Hospitalization of younger psychiatric patients has not, in my opinion, materially increased. I believe that developments in family life, child care, education, and social opportunity are already reducing the number of very severe personality casualties. Methods of treating those that do occur are improving, so that the old defeatist and custodial concepts of hospitalization are disappearing. With rare exceptions, such patients can be managed, if conditions are appropriate, under general hospital conditions. Such hospital conditions must be functionally designed for the purpose; such is not always the case at the present time in the units that do exist.

TYPES OF DISORDERS

There is a great increase in the number of patients whose personality reactions are not of major dimensions but who are being brought under medical care. These personality reactions occur in diverse forms: frank anxiety phenomena, marked tension, psychosomatic manifestations, acute interpersonal difficulties, and excessive drinking. The presence of specialized hospitals indicates that a sorting-out process has already taken place. The great need in the care of persons with minor disturbances is for a sorting-out process that defines the underlying personal problems and then proceeds to deal with them on their merits. A general hospital is a far more effective place to develop such services than a specialized institution.

Modern psychiatry is essentially the personal aspect of medical practice. Personal, family, and social problems enter into the illnesses and handicaps that are dealt with every day in the general hospital. Reactions of patients to illness and invalidism come within the scope of the physician's responsibility in caring for patients. In this modern sense, psychiatry permeates medical practice and, so, does not lend itself to an arbitrary separation from general medical care.

Medical students in recent years have obtained much more education in personal problems of patients than in years gone by. Many older physicians are self-educated and effective in the field. Others, who find themselves

very limited by their meager preparation for this type of work, develop a strong "organic bias" in their clinical approach. Younger physicians, accordingly, are on the alert for personal factors that contribute to patients' symptoms and illnesses, and they do not go to extremes to try to prove an illness is organic before they look into personal and family situations. All diagnosis should be positive, even though some factors of exclusion come into it. Psychiatrically oriented physicians are increasingly able to make positive diagnoses of anxiety problems.

SCOPE AND AIMS

The traditional tendency to approach psychiatry by limiting its benefits to the few extremely sick patients who have been called psychotic is unsound. This is no more workable than was the comparable tendency to limit consideration of tuberculosis to the far advanced condition of the "consumptive." What is required now is a health approach that embodies concern for the health of the personality, interpersonal relationships, and social adjustment as much as for the healthy functioning of the organs and tissues. By such an approach, patients would be examined to see if they are well rather than sick. By recognizing and dealing promptly with a wide variety of personal difficulties, the ultimate development of severer troubles would be prevented.

When dealt with in some ways, a disturbed person can be a very disturbing person. General hospitals tend to assume that any psychiatric service includes noise, risk of physical violence, and extremes of irrational behavior; it is possible to set up conditions and to approach patients in such a way that all these things happen. It is also possible, through a nonfearful, understandingly human approach to patients by all the staff and through the actual physical surroundings, to calm the excitement. Under such conditions there is seldom noise, and overt aggression is rare; the behavior of patients is usually that of insecure people trying to find reassurance.

The clue to development of an effective psychiatric service is primarily in personal attitudes to patients not only on the psychiatric service but throughout the hospital. A coldly impersonal, managed, routine set-up in which the patient must take his place in a veritable hospital production line will have quite a different effect from one that begins with the sick patient and sets up procedures with consideration for the person and his feelings as well as for the technical procedures that may be indicated for diagnosis and treatment.

The aim of a psychiatric service should be to work as openly and freely as possible. If illness takes away a person's capacity to act freely with self-direction, the treatment program should be calculated to restore this capacity. The traditional concept of confinement and locked doors works in the opposite direction; it makes it appear that the physician, rather than the illness, is taking away the patient's freedom. This is like blaming the physician, rather than the illness, when cardiac decompensation prevents a patient from climbing stairs. A combination of good psychiatry and good architecture can produce a service in which patients are so handled that occasion for restraint or confinement is very infrequent. The greater part of psychiatry can and preferably should be carried on in open ward situations. Any use of force, coercion, or confinement should be considered an acknowledgment of therapeutic defeat because of inability to win the free cooperation of the patient.

ARCHITECTURAL DESIGN

The design of hospitals should be functional; changes in treatment require changes in structural arrangements. When surgical patients were kept in bed for one and a half to two weeks after surgery, the bed was the treatment area. With present day ambulatory treatment, patients are frequently out of bed the day after surgery; this requires activity space on surgical wards that was not called for in the past. On psychiatric services in most instances, the time during which the patient is in bed is the least active treatment time. Provisions for sleeping and eating are no more than a background for treatment possibilities. In some hospitals (notably in Montreal), the patients come to the hospital in the morning, take part in the day program, and go home in the evening. Any psychiatric service requires patient activity space and treatment space. Patient activity areas include day rooms, a place for active participation in music, occupational therapy, and recreation, and the opportunity to care for others as a form of altruistic self-expression. Primarily, treatment areas should provide comfortable, acoustically treated interview offices that are not too large and that assure privacy and freedom from interruption. Group meeting rooms may also be used for staff conferences and group therapy. Most psychiatric services lack such facilities. If suitably designed and located, these facilities can serve outpatient as well as inpatient purposes.

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ASPECTS OF FUNCTION

Psychiatric service in a general hospital has four aspects of function. First is the structure of the psychiatric ward or service itself. The design should be functional and should provide maximum freedom and a relaxing atmosphere that bespeaks the attitude of the staff and hospital to the patient. It should have facilities for caring for the occasional noisy patient in a soundproof room. Emphasis should be positive and aimed toward attractiveness and relaxing effect rather than negative and concerned chiefly with precaution against destruction and escape. There should be some provision for relative grouping of patients and provision for quiet pursuits, such as reading, and for louder group enterprises. Activities that are creative, such as playing the piano, singing, and painting, should be given preference over passive ones, such as listening to the radio or watching television; while the latter have their place, they should not crowd out the former.

Provision should be made for caring for children, preferably on a small unit primarily designed for them. Maximum self-help by patients should be encouraged; cafeteria meals are preferable to passive food service to patients. Access to the outdoors is desirable. It is questionable whether patients should wear hospital clothing during the daytime. It is doubtful whether segregation of the sexes is necessary. Michael Reese Hospital in Chicago has a new Institute for Psychiatric and Psychosomatic Research in which men and women share day rooms and mingle, even on the ward for disturbed patients. Each room has its own toilet. For disturbed pa-

tients each toilet is kept locked but is opened for the patient by the attendant on request. There is considerable social composure and quieting when the sexes are together, as compared with segregation, during the periods of social activity. This arrangement should not be difficult because of the desirability of single rooms in primary construction.

There has probably been a false economy in constructing dormitory facilities; now that many more patients care for themselves in the hospital, the disadvantages of the dormitory are more apparent than ever. Patients like and need privacy. All sorts of interpersonal complications are avoided if each patient has a room of his own. For psychiatric purposes, particularly, a predominance of single units is highly desirable. If patients stay longer, there is need for a small number of two bed units. Probably after the two bed unit, the next most desirable is a five bed unit. This gives some companionship and the beginning of group formation, yet does not provide the risk of leaving one patient out as can happen if three or four persons share accommodations. For any hospital purposes, sleeping units for more than five persons appear highly undesirable.

The second aspect of psychiatric function in the general hospital is provision of liaison service covering principally psychosomatic disturbances. Sometimes the psychological effect of treating such patients on a general medical ward (where of necessity there may be considerable preoccupation with tests, procedures, and medications) can be unsatisfactory. A service that is primarily designed for emphasis on the patient as a person and that considers organic procedures as necessary but unaccented parts of the total investigation may have better therapeutic results. Some interesting psychosomatic correlates emerge, and general practitioners and specialists in other fields find common interests with phychiatrists who are working on the more personal aspects of patients' problems. Rooms suitable for staff conferences and for group therapy have been found increasingly useful in the treatment of pyschosomatic problems.

The third aspect of psychiatric function in the general hospital grows as the service becomes established; it is consultation. The accuracy of diagnosis and effectiveness of treatment mount as personal factors become known and controlled. When physicians with different backgrounds and viewpoints get together, they combine their data and points of view to the advantage not only of patients but of each other. When this happens, the dichotomy that has isolated psychiatrists from their medical colleagues, to the disadvantage of both, rapidly disappears. This consultation service begins to define personal problems and to provide direct and positive treatment approaches. It saves unnecessary reiteration or detail in diagnostic studies when a physician intensifies his search for a patient's illness where it does not exist. It reduces the incidence of mistaken surgery. It wins cooperation with and acceptance of necessary medical and surgical procedures when patients are ignorant, apprehensive, or uncooperative. It helps nurses and other personnel understand patients as people, and, thus, it brings better understanding to the handling of sick, discouraged, and apprehensive patients.

The fourth aspect of psychiatric function is outpatient service. As this is developed, frequently in the interview offices provided for inpatient use, the period of necessary inpatient care is decreased, and, thus, the expense of treatment is reduced. Very logically, the development of social service extends from medical social work to coordination with community services and to assistance to therapeutic programs carried on in the outpatient department. The scope and organization of the outpatient department varies considerably in relation to the population and social nature of the area in which the hospital is located.

Special consideration should be given to the place of neurology. In smaller hospitals, this is probably best managed on the general medical wards. If a hospital is large enough to have a neurological grouping of patients, it is often advantageous to have the service linked with the psychiatry service, but it appears inadvisable to have neurological and psychiatric patients on the same ward. Except in hospitals having highly specialized services, psychiatrists are often the physicians with the most neurological background, and they must always be prepared to detect and deal with organic lesions in the patients under their care. Their association with physical and occupational therapy and their ability to handle reactions to handicaps also make the link of psychiatry with neurology desirable.

PSYCHIATRY AND PEDIATRICS

Development of a psychiatric service in a general hospital is especially beneficial in the field of pediatrics. Children must always be considered in their usual environment, particularly when temporarily removed from it by illness. They react so intensely to interpersonal difficulties at home that their emotional reactions must always be evaluated when their total health picture is being considered. They relate to each other so actively when grouped together that there is always need for understanding and skill in human relationships. As their emotional symptoms are often indications of difficulty in the lives of their parents, there is need for effective work in the homes by physicians, nurses, and social workers. Play therapy rooms are important adjuncts to both pediatric and child guidance services.

PERSONNEL AND PROGRAM

The staffing of psychiatric services is extremely difficult at the present time. There is an over-all shortage of physicians, and a much more intense shortage of those specially qualified in the field. The older men have little organized opportunity to learn psychiatry at the community level, and those whose experience has been relatively limited to the care of adults and the mentally ill often have limited background in pediatrics. Present day training programs call for diversity of experience and work with children, so that the younger men are being better prepared for this type of work. There still is, however, a great scarcity, and there is the risk that, although a well-appointed service can be set up, there is no one to run it. There is a certain law of supply and demand operative in medicine. The demand for this type of service is increasing so rapidly that the supply is bound to increase. The educational opportunities for those

wishing to go into this field are vastly superior to those available 10 or 15 years ago.

In addition to the psychiatrist, nuclear personnel are the clinical psychologist, psychiatric social worker, occupational therapist, and nurse. These persons should be selected with a view to their warmth of interest in people and personal problems and to their own stability as well as their capacity to team up with others and their experience in community work.

The problem of nursing is one that requires both study and foresight. There have not been many psychiatric sequences available for general duty nurses. Many of them, particularly in recent years, have had three months' training in a state hospital while students. Graduate experience is desirable for this type of work, and nurses who have had it are not plentiful. Any hospital that plans to develop such a service would be wise to select a nurse with suitable attributes of personality, leadership, and interest in this field and to give her opportunity to prepare for this type of work. Such a nurse will be better able to take charge of this program than one who has had only experience in general duty.

There should be considerable flexibility and local variation in the development of psychiatric services. Principles can be stated, but the development should be appropriate to the hospital as it exists and functions and to the nature of the hospital's relationship and responsibilities to the community. Because there is a certain element of pioneering involved, those working in the hospital may desire to discuss their work with and be advised by consultants from various professions concerned. They should also make visits to other services of this type to gather ideas. It is particularly important in the architectural planning that the program be determined in advance and discussed carefully with professional personnel who have worked in such programs. The plan should also be reviewed with architects. Care should be taken to work from the functional needs of the program rather than from the existing design of the hospital or the traditional concepts of hospital construction, which were developed in an era when this phase of medical work was given scant consideration. The trend toward provision of psychiatric facilities in conjunction with other medical services is so strong that any hospital big enough to be subdivided into services or departments should seriously consider providing a psychiatric service, for, no matter what the detail of treatment, every aspect of medical practice fundamentally comes back to the personal level: the treatment of people by people.

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USE OF ANTIBIOTICS IN NONBACTERIAL RESPIRATORY INFECTIONS

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The discovery of the sulfonamides and antibiotics is one of the most brilliant pages in the history of medicine. Many bacterial and rickettsial diseases that formerly were fatal are now treated successfully with antibiotics in a relatively short time. The outstanding success with bacterial and rickettsial infections has not been paralleled in the antibiotic treatment of viral diseases. Antibiotics are effective against the viruses that cause psittacosis, lymphogranuloma venereum, and trachoma and appear to be of value in the treatment of viral pneumonias.[1] It is generally conceded, however, that the use of antibiotics in acute nonbacterial respiratory infections and influenza is of no benefit in the treatment of the primary disease.[2]

The most important viral-like conditions with regard to incidence and economic importance are moderately severe, acute illnesses that are loosely grouped with certain bacterial conditions as acute respiratory infections. During outbreaks of so-called acute respiratory infection simultaneous increase in both the bacterial-like and viral-like syndromes is commonly observed. It is also common to encounter the use of antibiotics in almost all patients despite the absence of any proof of specific value of these agents in the nonbacterial syndromes. Antibiotics are given with the hope of preventing secondary bacterial infection in those patients who do not have bacterial infection when first seen. Since little or no specific therapy is available for the common viral-like respiratory syndromes, any measure that will limit or minimize the duration of the illness is important.

During the early months of 1952, two of us (R. S. B. and P. N. J.) observed an outbreak of respiratory disease in which there were a number of cases that later proved to be type B influenza. Secondary bacterial invasion was not considered in study of these cases, but analysis of the group, which included known influenza, the common cold, tonsillitis, pharyngitis, bronchitis, and bacterial and viral pneumonias, suggested that antibiotic therapy had no effect in the influenza-like cases.[3]

During an epidemic of type A′ influenza in the early months of 1953, we had the opportunity to observe a second outbreak under conditions comparable to those that existed the previous year. Again, a large number of cases of respiratory disease developed over a short period of time, with both viral-like and bacterial-like syndromes. Several hundred of the patients admitted to the hospital presented an influenza-like clinical picture

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on admission. Since these patients had been in close contact under normal living and working conditions with those presenting the bacterial-like conditions and since all were admitted to respiratory wards, it seemed likely that so-called secondary bacterial invasion might occur. This report concerns our investigation of the value of antibiotics as prophylaxis against complications in the nonbacterial influenza-like syndrome. We also studied the efficacy of antibiotics as primary therapy in patients with this syndrome.

CLINICAL PROCEDURE

All patients with respiratory disease were admitted from the dispensary to open respiratory wards after a white blood cell count and a throat culture were taken. All were given a uniform schedule of saline gargles, phenylephrine hydrochloride nose drops, and forced fluids. In strict order of admission to the ward and prior to examination by the physician, each patient was immediately placed on one of three treatment schedules by the ward nurse. These schedules consisted of the administration of capsules identified as 1, 2, or 3, to be given every six hours. They contained acetylsalicylic acid (aspirin), 600 mg., oxytetracycline (Terramycin), 500 mg., and erythromycin, 200 mg., respectively. The supply of erythromycin was used up in the study, and in the later phases new admissions were alternated between schedule 1 (acetylsalicylic acid) and schedule 2 (oxytetracycline). The ward nurse and patients were not aware of the contents of the capsules, but the physician always knew which drug was being given to each patient. The ward physician was authorized to remove a patient from the series if there were clinical signs of bacterial infection on initial examination. Bacterial infections consisted almost entirely of exudative tonsillitis or pharyngitis that later proved to be due to beta hemolytic streptococci. Some bacterial pneumonias were also observed. In a few cases changes in therapy were dictated by bacteriological or radiological studies, which were taken on admission but were not interpreted until the second or third day of hospitalization. These patients were also excluded from the series. Patients were not excluded from the series on either physical findings or laboratory findings subsequent to those on admission.

Patients selected for this study had some or all of the following complaints on admission: headache, lumbar backache, general muscular aches, fever, nonproductive cough, and mild sore throat. Some also complained of nasal congestion. All were admitted within 12 to 18 hours after onset of symptoms. The physical findings were limited to a mildly swollen pharynx and a fever ranging from 99.4 to 105 F. All patients with exudative pharyngitis or tonsillitis on admission were excluded as were those whose initial throat culture was abnormal. Normal throat flora was considered in this group to include diphtheria cocci, Neisseria catarrhalis, and Staphylococcus aureus. Thirteen patients showing nonhemolytic streptococci were included because of low leukocyte counts and a viral-like clinical history. Patients whose throat cultures showed hemolytic streptococci were excluded. An arbitrary maximum initial leukocyte count of 8,500 per cubic millimeter was established for inclusion in the group. Only two patients with higher counts (10,050 and 11,500) were accepted; these patients had type A′ influenza shown serologically. The leukocyte counts ranged from 3,800 to 8,500 per cubic millimeter and averaged 6,355 per cubic millimeter.

Sixteen of the patients in this series were selected at random for serologic studies for influenza. With the use of paired serums of acute and convalescent infections, a fourfold to twelvefold rise in titers for type A′ influenza was found in 11 of the 16 cases. The leukocyte counts in these 11 cases ranged between 4,900 and 11,500 per cubic millimeter and averaged 7,095. While it was not feasible to do serologic studies on more than a small percentage of the patients admitted, the clinical pattern in all of the cases was similar, and we suspect that a majority of the patients in the study had type A′ influenza. For the sake of accuracy, however, the condition is referred to as a nonbacterial influenza-like syndrome.

After all patients were eliminated who failed to meet the arbitrary criteria as established for this influenza-like syndrome the records of 150 patients were left for examination. Of these, 76 received oxytetracycline, 54 received acetylsalicylic acid, and 20 received erythromycin.

As the findings of physical examination and laboratory studies were normal except for a slight pharyngeal congestion, a patient's statement of his symptoms and the temperature response were the only criteria available for evaluation. Subjective symptoms and fever were closely associated in that all of the patients felt entirely well when their temperature returned to normal, except that some had a residual tiredness and a persistent dry cough. Length of hospitalization could not be utilized as a criterion since the minimum hospitalization necessary had been set at five days. Accordingly, the most objective and accurate measurement of response was judged to be the course of the fever. Temperatures were taken at intervals of 6 hours, but we adopted 12 hour periods for purposes of determining the response. Temperature was considered normal when it fell to or below 98.8 F.

TABLE 1.—*Average Response to Therapy of 150 Patients with Nonbacterial Respiratory Infections*

Drug	Total No.	Patients, %	Average No. Hours to Become Afebrile
Oxytetracycline (500 mg. every 6 hours).....	76	50.7	41
Erythromycin (200 mg. every 6 hours).....	20	13.3	42
Acetylsalicylic acid (600 mg. every 6 hours)..	54	36.0	30
Total.....	150	100.0	37

RESULTS

Among the 150 patients the elapsed time between admission and return of oral temperature to 98.8 F or below ranged from 12 to 120 hours, with an average of 37 hours. In the group treated with acetylsalicylic acid the return to normal temperature averaged 30 hours. The group receiving oxytetracycline averaged 41 hours, and the erythromycin treated group averaged 42 hours between admission and return of the temperature to normal (table 1). Disappearance of subjective symptoms corresponded closely to return of the temperature to normal with the exception of persistent cough. There was no in-

dication that cough was less severe or prolonged in any therapy group. In the 11 cases of proved type A′ influenza the average time between admission and return of oral temperature to normal was 51 hours. The average was 54 hours in the six patients who received acetylsalicylic acid and 48 hours in the five patients who were given oxytetracycline. Differences in time of response were not significant (table 2).

After the temperature returned to normal no patient had a recurrence of symptoms or any sign of bacterial infection before discharge from the hospital, and no pathogenic organisms were found in throat cultures taken at the time of discharge. In five patients (four in the oxytetracycline therapy group and one in the acetylsalicylic acid therapy group) single isolated asymptomatic elevations of temperature to 100 F occurred 24 hours after the temperature had returned to normal.

TABLE 2.—*Average Response to Therapy of Patients with Serologically Proved Type A′ Influenza*

Drug	No. of Patients	Average No. Hours to Become Afebrile
Oxytetracycline (500 mg. every 6 hours)	5	48
Acetylsalicylic acid (600 mg. every 6 hours)	6	54
Total	11	51

COMMENT

It is evident from these observations that neither oxytetracycline nor erythromycin altered the course of the disease. Indeed, the patients who were given acetylsalicylic acid usually felt better sooner than those who were receiving either oxytetracycline or erythromycin. There was no recurrence of symptoms or evidence of secondary bacterial infection in any of the patients.

It might be argued that the use of the antibiotics is beneficial in prevention of bacterial infections that might complicate a nonbacterial infection. In our patients suffering from an influenza-like syndrome no secondary bacterial infection was recognized in either the group treated with acetylsalicylic acid or the groups treated with antibiotics. It is, of course, advisable to use an appropriate antibiotic whenever a secondary bacterial infection occurs, but statistically the routine use of antibiotics for the prevention of these secondary infections does not appear justified.

Many studies have shown that antibiotics can be harmful as well as beneficial.[4] Serious, even fatal, infections may occur with either fungi or nonsensitive bacteria that are ordinarily saprophytic until the normal bacterial flora is altered by an antibiotic. While it is true that this adverse response usually occurs only with prolonged use, the potential danger exists.

The cost of antibiotics as compared to that of acetylsalicylic acid should also be considered, both in military practice and in civilian practice. The average retail cost of a capsule of oxytetracycline is 35 cents; a tablet of erythromycin costs 32 cents; and an acetylsalicylic acid tablet costs approximately 1 cent. The overwhelming percentage of savings should be kept in mind in view of the extensive use of antibiotics for treatment of nonbacterial influenza-like syndromes. If there was any benefit to the patient, even though small, the expenditure of funds for antibiotics would be justified. As the patient derives no benefit and is even subjected to a slight risk of complications from such therapy, the routine use of these drugs in nonbacterial infections is not justified.

There is no doubt that the same symptoms seen in these patients with a nonbacterial influenza-like syndrome may frequently precede a bacterial infection. In most cases the initial physical examination and white blood cell count will clearly differentiate bacterial from nonbacterial infections. It is, of course, necessary for the attending physician to make certain that a disease truly responsive to specific antibiotic therapy is not present.

SUMMARY AND CONCLUSIONS

Treatment with acetylsalicylic acid (aspirin), oxytetracycline (Terramycin), or erythromycin was divided among 150 patients with a nonbacterial influenza-like syndrome. The dosage consisted of acetylsalicylic acid 600 mg., oxytetracycline 500 mg., or erythromycin 200 mg. every six hours.

Paired serum samples were drawn at random from 16 patients for serologic study. Eleven patients had type A′ influenza. Although serologic identification of the disease was not obtained in the entire group, the clinical picture and course was similar in all cases studied.

Of the 150 patients, 54 were treated with acetylsalicylic acid, 76 with oxytetracycline, and 20 with erythromycin. The interval from admission to return of the temperature to normal averaged 37 hours for the entire group. The time required for return of normal temperature in the group treated with acetylsalicylic acid averaged 30 hours, in the group treated with oxytetracycline 41 hours, and in the group treated with erythromycin 42 hours. It would appear from this data that the antibiotics oxytetracycline and erythromycin had no influence on the course of the disease.

Of the 11 patients who were proved serologically to be suffering from type A′ influenza, six were given acetylsalicylic acid and five were given oxytetracycline. In these patients the average interval from admission to return of the temperature to 98.8 F was 54 and 48 hours respectively.

No secondary bacterial infection was observed in this series, in either the group treated with antibiotics or the group treated with acetylsalicylic acid. Thus it appears that administration of antibiotics routinely to prevent such secondary bacterial involvement is not justified statistically. If a secondary infection develops the appropriate antibiotic should, of course, be employed.

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THE FAMILY PHYSICIAN AND THE PUBLIC HEALTH DEPARTMENT

CHAIRMAN'S ADDRESS

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With the rapid progress in medical and social sciences there have been concurrent changes both in the private practice of medicine and in public health practice. The family physician has the advantage of new drugs such as the antibiotics, cortisone, and isoniazid. Because of improvement in transportation, new diagnostic aids, improved laboratory procedures, and in some instances because of the changing pattern of medical practice, physicians can now see more patients a day. The work of the health department has been affected not only by these factors but also by the changing pattern of community life. The shifting of the population from rural to urban areas, the more recent trend of the decentralization of large metropolitan areas, and the development of large suburban communities have caused changes in the health department program.

The development of industry and shopping centers in suburban areas, the need for intensive specialization in complicated production methods, and the loss of production through absenteeism in industry have all made both management and labor more interested in the health of the worker. With the increasing interest of the public in health, development of community action through the formation of new voluntary organizations for various health purposes, and increasing governmental expenditure for health, it is time to evaluate the relationship of the family physician and the public health department.

HEALTH AN INDIVIDUAL RESPONSIBILITY

The individual will always be responsible for obtaining personal health services. There is general agreement that an educated person will do more for his health and the health of his family than can be done for them. In the past, measures for health maintenance demanded only limited individual responsibility. The development of pure water supplies, adequate sewage facilities, pasteurization of milk, and other sanitary programs were achieved through community action in which the individual may have participated as a citizen but was required to take no further initiative. In the future, however, there will be a need for greater individual responsibility in protecting one's health. Good health cannot be taken for granted, and the public is being rapidly educated to seek early medical care. It is the individual who must visit the physician for early care and who must avoid overweight, alcoholism, reckless driving, and home accidents. These things he must do for himself; they cannot be done for him. The individual, however, needs not only information but motivation; he must be convinced to seek what he knows is good for him and his family. Personal health services, therefore, are to a large extent determined by the individual's knowledge, by his attitude, and by the action he takes in obtaining necessary services.

The family physician is more than ever before in the front line of preventive medicine and health maintenance. He has an unusual opportunity to be of service to his patients and through them, to the community as a whole. The private practitioner has certain responsibilities to his patients. He must provide rapid diagnosis to determine the patient's need for preventive, therapeutic, and rehabilitative care. He is responsible for seeing that the patient receives the best care possible. The general practitioner should undertake no services for which his qualifications and facilities have not thoroughly prepared him. The patient must be considered not only as an individual but also as a member of a family and a community. The physician must understand the social and economic factors that contribute to his patient's health or illness. Continuity of care is important if the patient is to be afforded the best possible health. This includes not only treatment in time of sickness but health supervision in order to motivate people to seek this preventive care. Each physician must keep up-to-date in the newer developments in the medical sciences so as to afford his patient the best possible care.

PUBLIC HEALTH PROGRESS

Similar to the family physician for the patient, we have the family physician for the community, namely the health officer. The health department, comprised of public health physicians, public health nurses, sanitary engineers, and others, attempts to provide services to the community that cannot be provided by the family physician. States and localities have broadly defined public health as the protection and advancement of community health or, as defined by the Massachusetts law, "The Department (of Public Health) shall take cognizance of the interest of health and life among the citizens of the Commonwealth."[1] The provision of health services is not the perogative of the private practitioner or of the health department. It is everybody's business, and since there are certain essential and desirable services that people cannot provide for themselves or obtain from their physician, each state and territory and most localities have a health department. Over the past decade there has been a gradual coverage of the United States with local health departments, so that now approximately 75% of the population is covered by such service.[2]

Traditionally, health departments have sought to reduce or remove the major day-to-day threats to health. Originally charged with the responsibility for control of epidemics and sanitation, health departments have grad-

Read before the joint meeting of the Section on Pediatrics, the Section on Physical Medicine and Rehabilitation and the Section on Preventive and Industrial Medicine and Public Health at the 102nd Annual Session of the American Medical Association, New York, June 4, 1953.

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1. Section 5, Chapter 3, of the General Laws, Commonwealth of Massachusetts.

2. Emerson, H.: Public Health and Medical Care for the Community and the Individual, J. A. M. A. **148**: 41-44 (Jan. 5) 1952.

ually enlarged the scope of their activities as community problems have developed. As infectious diseases such as tuberculosis, syphilis, typhoid, and diphtheria became less prevalent owing to the joint endeavor of medical and public health professions, health departments became concerned with the improvement of maternal and child health and the special problems of the newborn. Now with the lengthening life span of the population, health departments are becoming more concerned with the health of the adult population and with chronic diseases. These are heart disease, cancer, diabetes, and others, diseases that today are the major causes of death in the U. S.[3] Prevention of home accidents and promotion of health through community education are more recent programs of health departments.

Public health programs, like the private practice of medicine, have been modified with the changing needs of the people and with new developments. New problems and techniques require new methods of organization. The distribution of gamma globulin for the prevention or modification of poliomyelitis is an excellent example of how the public health department, voluntary health organizations, and private practitioners of medicine can cooperate to bring benefits to the people. It is as unrealistic to attempt to solve today's health problems by the methods developed 50 years ago as it is for the physician to attempt to practice modern medicine without the use of antiseptics, modern anesthetics, sulphonamides, antibiotics, cortisone, or antihistamines. Constant changes are necessary to adapt public health programs to changing conditions.

Unfortunately, in some areas of the country private practitioners regard with suspicion any new developments in public health programs. As hearty individualists, physicians are naturally reluctant to change their mode of practice or living and to depart from previously well-worn routines; and yet most changes are just as new and disturbing to health department personnel as they are to the private practitioner. But, with the demands of the public for improved services, both the private physician and the health officer must adapt themselves to changes as quickly as possible, with the knowledge that they are thus able to give better service.

REFERRALS FROM HEALTH DEPARTMENT

Health departments have traditionally worked with the full cooperation of the medical profession. The family physician is the front line of any public health endeavor. In order for a community health program to succeed the practitioner must give full cooperation and active rather than passive support. Experience has shown that the more extensive the public health program a community enjoys, the greater the demand made by the public on services not only for the treatment of illness but also for health supervision and for preventive services.

Health departments often refer patients to the private physician. As far back as 1933, Anderson and Bigelow [4] in a study of diphtheria immunization in Massachusetts found that such a program created an unusual demand for private service from the family physician, even though free service was available in public clinics. This experience can be cited repeatedly. Over 11 years ago, while Commissioner of Public Health for the city of Worcester, Mass., I was responsible for writing and delivering a weekly radio broadcast on health. One of the objectives was the promotion of whooping cough immunization. As yet pertussis vaccine was not distributed by the health department nor was it given in the clinics. This promotional program was, therefore, designed with only one objective, namely, the referral of all children under 2 years old to their family physician for such treatment. The success of the immunization program by the private practitioner was measured by a rapid increase in the sale of pertussis vaccine. The immunization program of many cities and states illustrates this same experience today. While health departments promote immunization of children with the triple antigen, and while many children may be immunized in public clinics, it has been found that more and more parents take their children to the family physician for this service. This is invariably encouraged by the health department.

Another public health activity that refers many patients to the family physician is the school health program. In Massachusetts, New York, Illinois, and many other states, school children are required to be examined by a physician at periodic intervals. These examinations may be carried out by the school physician at the request of the parents whenever they do not obtain such services from their own physician. Children who need medical attention are referred to the family physician for diagnosis and care. The number of children given this required physical examination by a family physician has continually increased. Many schools have a special form that children are given to take to their parents urging the latter to seek the services of the family physician. The American Academy of Pediatrics has found that only 3% of the total volume of medical care to children is furnished in public clinics; thus 97% of such care must be given by the private practitioners of medicine.[5]

The development of screening programs designed to detect early cases of tuberculosis, diabetes, syphilis, cancer, heart diseases, and other physical defects has been an outgrowth of the simple x-ray screening programs for detection of tuberculosis. These programs are designed to detect in apparently well persons conditions that require the attention of the physician for diagnosis and treatment. The American Medical Association in the past has promoted a program for the annual physical examination of all adults. The impracticability of such a program must be apparent to all, since there are not enough physicians to make all the necessary examinations. The health department through the screening program, therefore, attempts to bring to the family physician's office persons with conditions requiring attention. Screening programs have been developed in many areas of the country, and the number of persons referred to private practitioners can be measured in the hundreds of thousands. Most of these have been for suspected tuberculosis. More recently, the multiple screening pro-

3. Getting, V. A.: Chronic Disease and the Aging Process, Am. J. Pub. Health 43: 4-8 (Jan.) 1953.
4. Anderson, G. W., and Bigelow, G. H.: Diphtheria Immunization in Private Practice, Am. J. Pub. Health. 23: 655-662 (July) 1933.
5. American Academy of Pediatrics: Child Health Services and Pediatric Education, New York, The Commonwealth Fund, 1949.

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gram of Richmond, Va., referred 12,000 patients to their physicians for examination and treatment. In Atlanta, Ga., 236,000 and in Alabama 356,000 persons were tested for tuberculosis, syphilis, and anemia.[6] In Massachusetts over 10,000 were screened for tuberculosis, syphilis, diabetes, anemia, vision and hearing defects, heart disease, and other conditions. Approximately 60% of these were referred to their physicians for diagnosis and treatment.[7] Similar multiple screening programs have been carried on in Indiana and in San Jose and San Francisco, Calif., and all have been for the purpose of referring persons with physical defects to their family physicians. A screening program is of no value unless the follow-up is made by the family physician or by a public clinic. Practically all, or over 97%, of the persons referred for follow-up in Massachusetts went to their own physicians for diagnosis and treatment. Thus these referrals by multiple screening programs foster patient-physician relationships.[8]

INCREASED PRACTICE

Many other programs have been administered by health agencies for the purpose of detecting early illness. Teachers and other school employees are given physical examinations and chest roentgenograms. Many of these examinations are carried out by private practitioners. Premarital blood testing is required by all the states except nine (Maryland, South Carolina, Mississippi, Arkansas, Minnesota, New Mexico, Arizona, Nevada, and Washington). Louisiana only requires the man to be examined. A prenatal blood test is required in all states except six (Tennessee, Alabama, Mississippi, Minnesota, Wisconsin, and Maryland). Many states require that each hospital inpatient and certain licensees, such as barbers and hairdressers, have a serologic test. The well child conference is designed to service persons who cannot obtain health supervision from the family physician; however, all infants requiring medical care are referred to a private physician. The establishment of well child conferences in a community often stimulates parents to seek similar health supervision from either a pediatrician or the family physician.

Many services are offered by health departments to assist physicians in the care of their patients: the provision of diagnostic laboratory aids; the free distribution of biologics for diagnosis, prevention, and treatment of communicable diseases; the availability of consultants and consultation clinics; and the provision of tumor diagnostic services. The health department thus assists the physician in providing high quality medical care without interfering in any way with the patient-physician relationship.[9]

Perhaps the most important health department program that brings patients into the physician's office is health education. This program has been greatly enlarged by participation of not only the medical profession through its national, state, and local medical societies and its specialty groups but also the voluntary health associations and the public press as well. Unfortunately, popular periodicals are sometimes guilty of presenting the melodramatic and the unusual, thereby giving the public information that is either misleading or incorrect. Because of daily exposure to health education, the American public is more health conscious and is demanding and expending more for health than ever in the history of the country.

Over the past two decades approximately 4.3% of the total consumer expenditure has been for medical care. In 1951 over 13.5 billion dollars was spent for medical care, including the services of physicians, dentists, nurses, and other practitioners, as well as hospital care, drugs, and appliances. Nearly two-thirds of these expenditures were paid directly by the consumer, about one-fourth by governmental agencies, and the remainder by philanthropy and industry.[10] The American public wants good health and is willing to pay for it.

SUMMARY AND CONCLUSIONS

Health is everybody's business. Optimal health is not an inalienable right and privilige of the individual that comes automatically. The health of the individual must be actively worked for, and the health of the community must be carefully planned, developed, and nurtured. The health program must consider the entire community. The keystone of every public health endeavor must always be the private practitioner of medicine, who must rely on the local health department for assistance. If the health department is properly organized and carries out the objective for which it was designed, it will support and improve the private practice of medicine. If the local health department is poorly organized, the health officer is poorly trained or engaged on only a part-time basis, or if the health department is inadequately financed and staffed, then the community health program will suffer, and the people will not demand medical care of high quality. As a result of this lack of motivation of the public to seek medical care the private practitioner is often denied the privilege of providing preventive measures, periodic health appraisals, and early care. The private practitioner of medicine gains the greatest satisfaction from his work when he can detect early such diseases as diabetes or cancer, institute the necessary diagnostic measures to arrive at a definite diagnosis, and see that his patient receives the necessary care, including rehabilitation.

In this presentation I have attempted to illustrate how the health department can assist the private practitioner and how an active health department can bring about a greater demand on the part of the public for many services from the physician. The development of health programs should, therefore, not be looked upon with suspicion by the private practitioner. The physician should be included in the development of all programs, and the medical society should be fully informed of the purposes and objectives of any particular program. In this way the physician has an opportunity to participate

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7. Getting, V. A., and Lombard, H. L.: The Evaluation of Pilot Clinics, New England J. Med. **247**: 460-465 (Sept. 25) 1952. Getting, V. A., and Lombard, H. L.: The Cost and Evaluation of Multiple Screening Procedures, New York J. Med. **52**: 2605-2609 (Nov. 1) 1952.

8. A. M. A. Compilation of Statistics on Multiple Screening Programs: Unpublished data.

9. Getting, V. A.: Services Offered to the Physician by the Massachusetts Department of Public Health, New England J. Med. **237**: 693-698 (Nov. 6) 1947.

10. Building America's Health, Report of the President's Commission on the Health Needs of the Nation, Vol. 4, Financing a Health Program for America, 1953.

in the formation of new public health programs, which he should then accept cheerfully. Such programs send him patients who require attention and patients in the early stages of disease to whom he can be of greater service. Unfortunately, many physicians do not attend medical society meetings, nor do they read, with any great regularity, information sent to them by the health department or appearing in various publications. Thus, often physicians may not be aware of the true purposes and objectives of new public health programs, and, since they lack knowledge, they oppose instinctively.

Physicians have an obligation not only to their own patients but to the community as a whole. The practice of medicine includes not only the physician's responsibility to his patient and the patient's family but also his responsibility in the planning, development, and enactment of public health programs. A family physician who ignores or who, because of lack of information, passively resists public health measures is being of disservice to his own patients, to himself, and to his profession.

The future of American medicine will depend more and more on individual action of the people. Many physicians are first learning of new scientific developments not in medical journals but from patients who have learned of these developments from television, radio, or the press. Working together, the medical profession and the health department can assure the private practitioner a position in which he can offer his patients the best medical care available. His rewards for such community participation are increased professional satisfaction and increased motivation of the public to seek adequate medical care.

NEW CHOLINERGIC DRUGS FOR POSTOPERATIVE URINARY RETENTION

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and
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Postoperative urinary retention, in the absence of primary organic disturbances in the urinary bladder, may ensue as a sequel to surgical operations notwithstanding a full bladder, normal kidney function, and the desire to void. To counteract this condition, new cholinergic drugs have been developed that increase the vesical activity and mimic the effects of parasympathetic stimulation.[1] Clinically, they have been shown to produce increased bladder activity and thus aid in the promotion of normal urinary function.[2]

In the following report the effectiveness of two new members of this cholinergic group, benzpyrinium (Stigmonene) bromide [1-benzyl-3-(dimethylcarbamyloxy) pyridinium bromide] and 1,2-xylylene-bis[1-(3-dimethylcarbamyloxy)-pyridinium bromide], a related experimental cholinergic compound coded W341, are compared and their efficacy evaluated in the treatment of established postoperative urinary retention. The chemical configuration of the two cholinergic compounds are given in figure 1.

That benzpyrinium bromide acts as an inhibitor of cholinesterase,[3] is less toxic than physostigmine or its derivatives, and is clinically devoid of side-effects in therapeutic doses, are facts that have been demonstrated by many clinical investigators.[4] Comparative pharmacological studies established that compound W341 is, in all particulars, a more active cholinergic than benzpyrinium bromide.

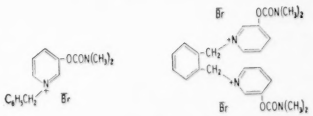

Fig. 1.—Chemical configurations of benzpyrinium bromide (on the left) and compound W341 (on the right).

CLINICAL MATERIAL AND PROCEDURE

Of 1,948 surgical procedures, urinary retention developed in a total of 160 patients. Our study is based on observations made on this group. History and physical examination precluded patients who had urinary disease. The operative procedures were laparotomies of major character in almost all instances. The type of anesthesia and preoperative and postoperative medication were evaluated as to the part each may have contributed to the vesical atonia. Eighty-six of the patients were males. The ages ranged from 12 to 77 years. Postoperative urinary retention was deemed to be established if a patient could not empty the bladder voluntarily within about 11 to 12 hours after the surgical procedure. This impression was confirmed by palpation, percussion, and the clinical picture at that particular moment. To stimulate voiding he was helped not only by sympathetic and persistent nursing care but also by early ambulation,

From the Surgical Service, Boulevard Hospital, Long Island City.

Benzpyrinium (Stigmonene) bromide and 1,2-xylylene-bis [1-(3-dimethylcarbamyloxy)-pyridinium bromide] (Cholinergic Compound W341) used in this study were supplied by Warner-Chilcott Laboratories Div., New York 11.

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which makes it possible for the patient to assume the most natural posture conducive to voiding. At this point, an intramuscular injection of the drug or placebo was administered and repeated every two hours until satisfactory micturition occurred or catheterization became necessary. In the latter instance therapy was continued until the patient voided spontaneously.

A preliminary appraisal of benzpyrinium bromide in the treatment of established urinary retention resulting from atony of the bladder disclosed, however, that the recommended dosage of 1 cc. of a 1:2,000 solution (0.5 mg.) every three hours to a total of five doses was not productive of the desired effect. Since Cohen and coworkers demonstrated clinically the wide therapeutic dosage range of benzpyrinium bromide, it was felt, firstly, that a higher dosage could be employed without ill-effects and, secondly, in so doing the optimal dosage could be established. Furthermore, it was believed that if there was an appreciable difference in the results obtained employing two different doses of the same drug under identical conditions, the use of a true placebo for control purposes would not be essential to the evaluation.

Accordingly, then, in this investigation 40 of the 160 patients received intramuscular injections of a 1:1,000 solution (1 mg.) of benzpyrinium bromide every two hours until the bladder was satisfactorily emptied or catheterization became necessary. A second group of 40 patients received intramuscular injections of 1 cc. of a 1:500 solution (2 mg.) of benzpyrinium bromide at two hour intervals.

Of the remaining 80 patients, 40 received intramuscular injections of a placebo for control purposes and 40 intramuscular injections of 1 cc. of a 1:1,000 (1 mg.) solution of compound W341. The conditions under which compound W341 and the placebo were administered were as identical as possible with those of the two groups that received benzpyrinium bromide.

RESULTS

Series 1.—The results obtained in the series of 80 patients who were treated with intramuscularly administered benzpyrinium bromide, 1 mg. and 2 mg., respectively, are summarized in table 1. Of 40 postoperative patients with established urinary retention, 24, or 60%, were able to empty their bladders satisfactorily when 1 mg. of benzpyrinium bromide was given every two hours. In the remaining 16 patients, who had to be catheterized, the catheter was used 21 times. Voiding without difficulty was effected on an average of 7½ hours after initiation of the drug therapy. The average number of injections was 4.2. In the group of 40 patients in similar circumstances who received 2 mg. of benzpyrinium bromide intramuscularly, 37, or 92.5%, voided with good emptying of the bladder. It was necessary to catheterize three patients only once in each instance. Normal bladder function was reestablished on an average of 4¼ hours after the first dose of benzpyrinium bromide was given. The average number of injections administered was 2.8.

When the results were compared in these two groups of 40 patients each, it was found that when the 2 mg. dose of benzpyrinium bromide had been administered intramuscularly every two hours, the incidence of necessary catheterization was reduced 32.5%. In addition, it should be noted here that the catheter had to be used only three times in the group receiving the 2 mg. dose, while those on the 1 mg. dose required the catheter on 21 occasions. Moreover, on the average, satisfactory micturition was initiated within just a little more than half the time required with the 1 mg. dose. When it is considered that the psychogenic factor was of similar magnitude in both groups, it would appear that in the treatment of established postoperative urinary retention optimal results may be produced with the administration of 2 mg. doses of benzpyrinium bromide. No toxic manifestations or side-effects were observed following injections of either 1 mg. or 2 mg. doses of benzpyrinium bromide.

TABLE 1.—*Results in Cases of Established Urinary Retention Utilizing Benzpyrinium Bromide*

	1 Mg./Cc.			2 Mg./Cc.		
Surgical Procedure	No. of Patients	Voided	No. of Patients Catheterized (No. of Catheterizations)	No. of Patients	Voided	No. of Patients Catheterized (No. of Catheterizations)
Appendectomy	7	5	2 (1)	14	12	2 (1)
Cholecystectomy	2	2	..	3	3	..
Gastrectomy	8	5	2 (1) 1 (2)	5	4	1 (1)
Hemorrhoidectomy, fissure, and pilonidal cyst	7	3	2 (1) 1 (2) 1 (3)	6	6	..
Herniorrhaphy	8	5	3 (1)	6	6	..
Hysterectomy, salpingectomy, oophorectomy, and cesarean section	6	3	3 (1)	4	4	..
Intestinal resection, and release of obstruction and adhesions	..	..	..	2	2	..
Laparotomy (exploratory)	1	1	..	..	..	..
Vein ligation	1	..	1 (2)	..	..	..
Total	40	24	16 (21)	40	37	3 (3)
Male	24	14	10	22	20	2
Female	16	10	6	18	17	1

Series 2.—A summarization of the results achieved in the remaining series of 80 patients with established urinary retention is presented in table 2. As in the cases of series 1, the postoperative complication of an atonic bladder developed as a sequel to similar surgical procedures; therapy was instituted and executed in like manner. Of the 40 control patients with diagnosed bladder atonia who were given intramuscular injections of a placebo every two hours, 29, or 72.5%, emptied their bladders by spontaneous voiding. Eleven had to be catheterized a total of 35 times. On an average, normal micturition in this control group occurred 12 hours after the first dose of the placebo was administered. This response occurred after 6.4 injections. The remaining 40 patients of this series were treated with compound W341 administered intramuscularly. Receiving 1 mg. every two hours, 36, or 90%, were able to expel the contents of their full bladders. Only four patients had to be catheterized, requiring a total of 10 catheterizations. Normal micturition was restored on an average of 5¼ hours after the initiation of compound W341 therapy, necessitating 3.6 injections.

A comparison of the results produced with compound W341 and a placebo in these two groups of 40 patients each reveals, firstly, that when the 1 mg. dose of compound W341 was given intramuscularly every two hours the incidence of necessary catheterization was reduced 17.5%, secondly, a drop of 28.6% in the individual use of the catheter was effected, and, thirdly, on the average, normal micturition was reestablished in considerably less than one-half the time required with the placebo. Since there should be no reason to differentiate between the psychogenic factors involved in those patients receiving compound W341 and those getting the placebo, it may be concluded that the 1 mg. dose of compound W341 was singularly effective in relieving the postoperative bladder atony. Compound W341 was well tolerated. In one instance only, after the 12th dose, was a side-reaction, diarrhea, observed.

TABLE 2.—*Results in Cases of Established Urinary Retention Utilizing Cholinergic Compound W341 and Placebo*

	Placebo			Compound W341, 1 Mg./Cc.		
Surgical Procedure	No. of Patients	Voided	No. of Patients Catheterized (No. of Catheterizations)	No. of Patients	Voided	No. of Patients Catheterized (No. of Catheterizations)
Appendectomy	3	3	..	8	8	..
Cholecystectomy	6	3	2 (1)	4	4	..
	..	..	1 (5)	..	..	..
Gastrectomy	4	2	1 (4)	5	4	1 (3)
	..	..	1 (6)	..	..	..
Hemorrhoidectomy, fissure, rectal amputation, and pilonidal cyst	7	5	1 (3)	4	4	..
	..	..	1 (7)	..	..	..
Herniorrhaphy	11	8	2 (1)	8	6	1 (5)
	..	..	1 (4)	..	..	1 (1)
Hysterectomy and salpingo-oophorectomy	7	7	..	5	4	1 (1)
Intestinal resection	1	..	1 (2)	1	1	..
Nephrectomy	..	..	..	1	1	..
Mastectomy	1	1	..	2	2	..
Laparotomy (exploratory)	..	..	..	1	1	..
Skin graft	..	..	..	1	1	..
Total	40	29	11 (35)	40	36	4 (10)
Male	21	14	7	19	16	3
Female	19	15	4	21	20	1

COMMENT

A graphic illustration of the results obtained in this investigation of a total of 160 patients with established postoperative urinary retention is presented in figure 2. On examination, it will be found that the 2 mg. dose of benzpyrinium and the 1 mg. dose of the cholinergic compound W341 manifest very high therapeutic effectiveness. With respect to the former, this finding parallels that of Cohen and co-workers and of Decker. However, when a comparison is made between the results produced with the 1 mg. dose of benzpyrinium and the placebo it becomes apparent that, unexpectedly, fewer patients receiving the placebo had to be catheterized. Yet, as anticipated, these patients required individually and collectively the largest number of catheterizations to restore normal micturition. Inasmuch as it was endeavored to maintain uniform conditions throughout the study, it is difficult to evaluate the factors responsible for this incongruity. One that might have a bearing on the results is that in the group receiving the 1 mg. dose of benzpyrinium there were about twice as many appendectomies and gastrectomies as in the group that received the placebo. These operative procedures on the bowel

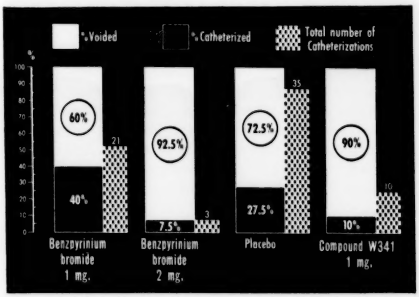

Fig. 2.—Comparative results in cases of established urinary retention with benzpyrinium and W341.

and stomach may or may not be significant. The figures in table 3 indicate that the average incidence of postoperative urinary retention is 8.3%, no matter what type of surgical maneuver is performed; however, it will be noted that with operations on the pelvic viscera, e. g., total hysterectomy, or in the inguinal region, the incidence rises to about 10%.

Following rectal surgery the incidence of urinary retention is more than twice that following laparotomies. This might be a reflection of the close association between the nerve supply of the bladder and rectum via the inferior hypogastric and pelvic plexuses. It is possible that trauma to this innervation during the operation causes vesical dysfunction.

Gastric operations contributed the highest percentage of cases with bladder atonia. One of many factors involved in the relatively high incidence of this complication may be the use of comparatively large amount (2 to 3 gm.) of thiopental (Pentothal) sodium for supplemental anesthesia in these gastrectomies. The average amount of thiopental sodium used for all other operations in this study is usually about 0.5 gm. or slightly higher.

TABLE 3.—*Incidence of Postoperative Urinary Retention*

Type of Operation	No. of Cases	Cases of Urinary Retention	Percentage of Urinary Retention
Appendectomy	629	32	5.2
Cholecystectomy	203	15	7.4
Gastrectomy	124	22	17.7
Hemorrhoidectomy, fissure, pilonidal cyst, and rectal amputation	150	24	16.0
Herniorrhaphy	347	34	9.8
Hysterectomy	180	17	9.4
Intestinal resection	58	3	5.2
Laparotomy, salpingectomy, oophorectomy, and nephrectomy	138	8	5.8
Mastectomy	42	3	7.1
Vein ligation	71	1	1.4
Skin graft	15	1	6.7
	1,948	160	Average 8.3

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SUMMARY AND CONCLUSIONS

Benzpyrinium (Stigmonene) bromide and the experimental cholinergic compound W341 are clinically evaluated in a total of 160 patients with established postoperative urinary retention. In the absence of urinary tract disease the 2 mg. dose of benzpyrinium bromide as well as the 1 mg. dose of the cholinergic compound W341 has been found to considerably shorten the duration of vesical atonia, thus reducing markedly the necessity for catheterization and/or the number of individual catheterizations. Episodes of toxicity have not been encountered with the administration of either the 1 mg. or 2 mg. dose of benzpyrinium bromide or the 1 mg. dose of compound W341. Both compounds were found to be effective but gentle in action and safe for both old and young patients.

75-17 41st Ave. (Dr. Weinstein).

OFFICE USE OF THE FROG TEST FOR PREGNANCY

Jane E. Hodgson, M.D., St. Paul

The use of the male frog for the determination of pregnancy has been described and discussed frequently during the past four years. Most of the articles concerning the test have been written by pathologists or persons engaged in institutional work or research. Only a few reports have been made by clinicians who engage in obstetric practice and who perform this pregnancy test in their own offices. As a clinician engaged in the practice of obstetrics and gynecology, I wish to report on my experiences with the Rana pipiens test during the past three years. In that time, a total of 450 pregnancy tests were performed in my office on 350 urine and 100 serum samples.

The Rana pipiens test for pregnancy is based on the release of sperm in the urinary bladder of male frogs after they have been injected with an adequate amount of chorionic gonadotropin. This amount is approximately 1 I. U. per gram of frog. Chorionic gonadotropin appears in the serum and urine of pregnant women between the 22nd and the 25th cycle day. A positive frog test may result as early as the 30th cycle day. Most urine or serum of a pregnant woman produces a positive reaction by the 35th cycle day. Our earliest positive responses were obtained on the 34th cycle day.

PROCEDURE

Adult male frogs are maintained in a covered enamel pan in a biological refrigerator and kept at a temperature between 0 and 10 C. At this temperature, the frogs remain in a state of hibernation and require no food or attention. The bottom of the pan is covered with fresh water that is changed daily. Few frogs die, and most of them remain in a healthy state for months at a time. The sex of the frog should be carefully noted. The male is distinguished by large pigmented thumbs, inflated air sacs, and the ability to croak.

Weighing the Frogs.—We determine the amount of urine or serum to be injected on the basis of the frog's weight. To our knowledge no laboratory has heretofore weighed the frogs to determine the amount of urine or serum to be injected. Several writers have pointed out the higher sensitivity of the smaller frogs when a fixed amount of chorionic gonadotropin was injected. It would seem logical, therefore, to adjust the dosage according to the frog's weight, which may range from 20 to 60 gm. Our dosage schedule is 1 cc. of urine or serum for each 10 gm. of frog. When urine concentrate is used, 1 cc. of the concentrate is injected for every 15 gm. of frog.

Preliminary Study of Frog's Urine.—After the frog is weighed, he is placed in a clean, dry jar with a perforated cover to thaw out for a brief period. The frog's urine is routinely checked prior to injection of the patient's urine or serum in order to assure absence of sperm. A frog usually can be made to void if its thighs are flexed and it is pressed down on a glass slide. Urine can also be obtained from the frog by inserting a capillary pipet into the cloaca. The urine is examined on a glass slide under a microscope to make certain that there are no sperm in the urine that will give false positive reactions.

Injection of Human Urine.—Fasting morning urine is used. The specific gravity should be at least 1.010, and filtration is advisable. The necessary amount of urine (1 cc. per 10 gm. of frog) is injected into one frog. The injection may be either intraperitoneal or in the dorsal lymph sac; care should be taken to avoid leakage of urine back through the hole made by the hypodermic needle. The frog is then put back in the jar. From 30 minutes to three hours later, the frog's urine is obtained and examined for sperm. A positive response may appear between 30 to 50 minutes after injection. If no sperm are demonstrated within three hours, it is necessary to confirm this negative response by concentrating the urine and injecting it into two other frogs. Scott's kaolin adsorption method is used.[1] By this method, 1 cc. of urine concentrate contains chorionic gonadotropin equivalent to that in 20 cc. of urine. This method of concentration is a relatively simple procedure that can be performed by any qualified laboratory technician in approximately 30 minutes. The resulting solution is injected into two frogs, both of which have been checked as to sex, weight, and absence of sperm in the urine; 1 cc. of the concentrate is injected for each 15 gm. of frog. The injection of two frogs eliminates the possibility of a false negative reaction that might result from a lack of individual reaction in one animal. If, in three hours, there are no sperm demonstrable from either frog, the negative response is accepted. If either frog shows a positive response, the test is considered positive. If less than two weeks have elapsed since the patient's last period (if it is less than the

1. Cutler, J. N.: An Appraisal of the Male North American Frog (Rana pipiens) Pregnancy Test with Suggested Modification of the Original Technique, J. Lab. & Clin. Med. 34: 554, 1949.

42nd cycle day), all negative tests should be repeated in one week. Also, if a history of menstrual irregularity precludes the accurate determination of the cycle day, it is advisable to recheck negative responses in one week.

Injection of Human Serum.—Unoxalated blood, 20 cc., is centrifuged, and the resultant serum is injected into each of two frogs; 1 cc. for each 10 gm. of frog. Injections are intraperitoneal. The frog's urine is examined for sperm between 30 minutes and three hours after injection. A positive response in either frog constitutes a positive test for pregnancy. If neither frog responds, the negative response is accepted and the test is completed unless it is performed prior to the 42nd cycle day. In such an event, it is advisable to repeat the test in one week.

MODIFICATIONS OF PROCEDURE

At first, we attempted to test random urine samples from patients who were being seen in the office throughout the day. The frog mortality rate was high with the random use of urine, however, and it became apparent that the fasting morning specimens were far more satisfactory. Moreover, it is evident that the latter contains a higher concentration of chorionic gonadotropin.

By weighing the frogs to determine the amount of serum or urine to be injected, we feel that we have improved the consistency of our result and that each frog is injected with the maximum amount of urine or serum that it will tolerate. The importance of the use of duplicate frogs is self-evident.

The initial examination of the frog's urine to exclude the presence of sperm prior to injection of human urine or serum may eliminate an occasional false positive reaction. While the male frog does not release sperm in the urine under ordinary laboratory conditions, it is possible that recent capture or excessive handling cause the presence of sperm prior to injection of the chorionic gonadotropin; therefore, all of our frogs are checked initially in this regard. Since instituting this procedure in our last 150 tests, we have found sperm at the time of the initial urine examination on three occasions.

When a negative response is obtained with fasting morning urine, two additional frogs are injected with urine concentrate. In the series of 350 tests of urine samples, this routine has prevented 20 false negative responses.

We do not accept a negative response prior to the 42nd cycle day. This rule has applied to the use of either urine or serum. In our 450 tests, however, we have avoided only five false negative responses by following this rule, inasmuch as most urine and serum samples cause a positive response by the 35th cycle day.

PATHOLOGICAL PREGNANCIES

Our series includes three cases of hydatidiform moles. In the most outstanding case, diagnosis was established at three months, by the fact that a positive frog test was obtained from a urine dilution of 1:700. In no instance of threatened abortion in patients in whom we tested urine and serum did the pregnancy continue after a negative response to the frog test was obtained. In many, however, the response was positive on the day the abortion occurred, and in one of these the response was still positive the day after delivery of secundal tissue.

There seems to be a definite relationship between the number of sperm released and the amount of chorionic gonadotropin injected. Some authors have stated that there are no intergrades of response in this reaction. In very early pregnancy, in abortion patients, and in instances in which unconcentrated urine containing little chorionic gonadotropin is used, the number of sperm is definitely fewer. We repeated as many as seven tests on one patient undergoing an abortion and noted a gradual diminution in response corresponding to the separation of chorionic villi. During very early pregnancy, urine frequently produces only a few sperm. Repetition of the test a few days later usually shows a marked increase in sperm response. There is also a definite time-dose relationship that has already been pointed out by Haskin and Sherman.[2] The urine from one of our patients with a hydatidiform mole showed a markedly positive response after only 10 minutes. On diluting the urine up to 1:700, the time required for a positive response lengthened and the number of sperm diminished.

RESULTS WITH URINE SPECIMENS

In 350 urine tests, there were 202 correct positive responses. There were 20 negative responses with unconcentrated urine, but, when the urine concentrate was injected, the response became positive. An additional two responses were negative prior to the 42nd cycle day, but correctly positive when repeated one week later.

There were 137 correct negative responses in the series. There was one false negative response on the 56th cycle day. A positive response was obtained on the 64th cycle day.

There were four false positive responses in this series, details of which are of interest. A 22-year-old unmarried woman with a large uterine fibroid was tested prior to surgery. A weak positive response was obtained with one frog on the injection of the urine concentrate. A second test two days later was negative with two frogs. In a 28-year-old woman who had been sterile for six years and who had amenorrhea, concentrated urine gave a weak positive response. In a 44-year-old woman with amenorrhea, concentrated urine gave a positive response with one frog only. A repeat test elicited a weak positive response in only one of two frogs. In a 52-year-old woman a weak positive response was elicited in only one of two frogs. A repeat test was negative.

In addition, there were two patients whose urine concentrate elicited a weak positive response a few weeks after abortion. Whether these two represented false positive responses, a slow falling chorionic gonadotropin titer remaining from the previous pregnancy, or a new pregnancy that later terminated in abortion, it is impossible to state.

There were four other cases in which strong positive responses were elicited with unconcentrated urine but in which pregnancy could not be proved. In these four cases, however, there was a possibility of mixed specimens and inaccurate histories and follow-ups, and we have, therefore, classified them as possible false positive responses.

2. Haskins, A. L., Jr., and Sherman, A. I.: Quantitative Bio-Assay of Chorionic Gonadotropin with the Male Frog, Endocrinology **44**: 542, 1949.

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It is of interest to note that all of the definitely false positive results were obtained with urine concentrate. Several authors have suggested that an excessive amount of urine equivalent might produce false positive reactions. This theory may explain the fact that we had no false positive reactions or even possible false positive reactions in 100 serum tests.

RESULTS OF SERUM TESTS

During the past 12 months, the use of serum instead of urine has been proved distinctly advantageous. The serum specimens can be obtained at any time along with routine blood studies and even without the patient's knowledge. In 100 consecutive serum tests, as stated previously, we had no false positive results and only one possible false negative response.

In the 100 consecutive serum tests, there were 54 correct positive responses and 39 correct negative responses. There were six pathological pregnancies that cannot rightfully be classified as false negative responses. One patient had an ovarian pregnancy, and five aborted; in these five, the responses were all negative except one. In one patient, the serum gave a negative response on the 38th cycle day. Six days later on the 44th cycle day, the patient aborted a pathological ovum. In another patient, there was a negative response on the 60th cycle day. A repeat test on the 78th cycle day was positive. The patient, however, aborted on the 79th cycle day. A negative response was obtained on the 60th cycle day in a 43-year-old woman. Ten days later, she spontaneously aborted necrotic placental tissue. A negative response was obtained on the 51st cycle day in a 27-year-old woman; she aborted the same day. A negative response was obtained on the 50th and 72nd cycle days after a dilatation and curettage. A weak positive response (one frog only) was obtained on the 101st day; the patient aborted on that day.

This series of 100 serum tests was performed between April, 1952, and April, 1953. This includes the summer months during which a number of writers have reported a high incidence of false negatives because of the apparent unreliability of the frogs during warm weather. Our high accuracy during the summer months as compared to that of others may be the result of cool climate, proximity to the source of frogs, shipment of frogs by air, refrigeration of frogs, higher concentration of chorionic gonadotropin in serum as compared to that found in urine,[3] and weighing the frogs to determine the dosage. This latter factor is probably more important in the summer months when there seems to be a greater variation in the size of the frogs (from 20 to 60 gm.). We have demonstrated that 60 gm. frogs fail to give a positive response to the same amount of chorionic gonadotropin hormone that produces the release of sperm in a 20 to 30 gm. frog.

The advantages of the use of serum as compared to fasting morning urine are self-evident. They are (1) decreased toxicity of serum to the frog, (2) elimination of the urine concentration procedure with all negative responses, (3) ability to perform test at any time, (4) less opportunity for substitution of specimens, and (5) elimination of transportation of urine to laboratory. We still perform pregnancy tests with urine specimens when this is more convenient.

ACCURACY AND USEFULNESS

The accuracy of the frog test has been reported as ranging from 54 to 99%. The methods of performing the test are as varied as the results. It is noted in many articles that unconcentrated urine was used in small amounts and that the frogs were not refrigerated and were used more than once. Inasmuch as this is a test for the presence of a chorionic gonadotropin in the urine, the incidence of false negative responses will be higher in those laboratories in which the urine is unconcentrated, frogs are unhealthy, small amounts of urine are injected, and negative responses are accepted in the very earliest days of pregnancy. Analyses of various authors' results should receive the closest scrutiny. It is extremely important to know what percentage of their tests were performed on pathological pregnancies. Nearly everyone agrees on the infrequency of false positive reactions, but there is considerable difference of opinion on the frequency of false negative responses. Unless a physician is familiar with each patient and her subsequent clinical course, it is impossible to evaluate accurately the results and validity of each test. For example, in a woman who presents a clinical history and impression of pregnancy, the response to the frog test may be negative; spontaneous abortion occurs 12 hours after the test is performed. Is this to be classified as a false negative response? Our series includes nine pathological pregnancies in which the level of chorionic gonadotropin was apparently too low to elicit a positive response before the spontaneous abortion occurred. Ectopic pregnancies show positive pregnancy tests only about half of the time, no matter which type of test is used. Furthermore, in any large series, there are always several possible early pregnancies and abortions that defy even the pathologist in the establishment of an absolute diagnosis. It is my feeling that the accuracy of the frog test in normal pregnancies is at least 98%, provided that the routines previously described are strictly followed. In cases of pathological pregnancies, such as missed abortions, ectopic pregnancies, threatened abortions, and hydatidiform moles, the frog test is extremely helpful to the clinician in treatment and prognostication. Its speed and simplicity give it distinct advantages over other types of pregnancy tests in present use. If, in a woman who has shown clinical signs of pregnancy, response to the frog test is not positive after the 42nd cycle day, I would not hesitate to predict that the pregnancy is a pathological one that will have an unsuccessful outcome.

A number of obstetricians have stated that they performed so few pregnancy tests that they have no need for an office procedure and that although pregnancy tests are helpful in pathological cases, in the diagnosis of normal pregnancy, a waiting period of a few weeks is of no concern.

A woman today is often extremely anxious to receive a diagnosis of pregnancy as early as possible. She may have commitments pertaining to a job, housing problems, a husband in service, and numerous and adequate reasons far more important than the mere satisfaction

3. Smith, R. A.; Albert, A., and Randall, L. M.: Chorionic Gonadotropin in the Blood and Urine During Early Pregnancy, Am. J. Obst. & Gynec. **61**: 514, 1951.

of her curiosity. Patients demand an early diagnosis of pregnancy and are grateful for it. Since the test has been available to me in my office, the frequency with which I request it has multiplied many times, the service to the patients is greater, and, in cases of pathological pregnancy, medical care is of a higher standard. The frog test is also of value as a routine preoperative test. The most astute diagnostician will sometimes discover an early pregnancy at the time of laparotomy; routine preoperative frog tests would help eliminate this error.

CONCLUSIONS

The frog test, with either serum or urine, for pregnancy is recommended as a routine office procedure. The use of serum is much simplier and apparently equally or more accurate. Seasonal variations in frog reactivity has proved to be no handicap if strict adherence to the routine procedures outlined is maintained. On the basis of the results of the 450 tests reported, I believe the accuracy of the frog test, in normal pregnancies, is at least 98%. In instances of pathological pregnancies, the result of the frog test is helpful in determining prognosis and instituting treatment.

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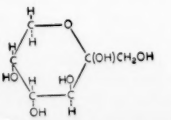
COUNCIL ON PHARMACY AND CHEMISTRY

NEW AND NONOFFICIAL REMEDIES

The following additional articles have been accepted as conforming to the rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the rules on which the Council bases its action will be sent on application.

R. T. STORMONT, M.D., *Secretary.*

Fructose.—Levugen (Mead Johnson).—$C_6H_{12}O_6$.—M.W. 180.16. —Levulose.—Fructose is prepared by the inversion of aqueous solution of sucrose and subsequent separation of fructose from glucose. The structural formula of fructose may be represented as follows:



Actions and Uses.—Fructose (levulose) like dextrose, administered intravenously in solution, is useful for parenteral carbohydrate alimentation when either fluid or calories are required to replace or supplement the oral consumption of water or food. Fructose is more rapidly metabolized and more rapidly converted to liver glycogen than is dextrose. When infused at comparable rates, it results in lower levels of blood sugar and less urinary spillage. Fructose is metabolized or converted to glycogen in the absence of insulin, but the clinical application of this has not been fully determined.

Fructose can be infused at the same rate as but in twice the concentration of dextrose, with better retention and less disturbance of fluid balance. Thus fructose can be employed safely to supply calories more rapidly than either dextrose or invert sugar (half dextrose and half fructose) and to provide more nearly the carbohydrate requirements of patients who need parenteral alimentation. Although fructose is not toxic, excessively rapid intravenous infusion is contraindicated as with other parenteral solutions.

Dosage.—Fructose is administered by intravenous infusion as a 10% solution in water. It can be administered at the same rate as a 5% solution of dextrose. The total daily amount required varies with the patient. For adults the usual initial dose is 1 liter; the average dose, 2 liters; and the maximum dose, 3 liters. For children the total daily amount is determined on the basis of the size and total blood volume of the child. In infants this usually ranges from 0.1 to 1 liter and in children from 0.2 to 2 liters. If administered in quantities in excess of the amounts indicated, any unutilized portion will be excreted in the urine.

Since fructose decomposes in alkaline solution, substances which would raise the pH to values above 7.0 should be added only if the solution is to be administered promptly. Compounds of calcium and barium form insoluble complexes when the pH exceeds 7.0 and are therefore incompatible. Cloudy solutions should not be used.

Tests and Standards.—

Dosage Forms of Fructose

SOLUTIONS. (10%) *Physical Properties:* The solution is clear and colorless. The specific gravity is 1.033-1.039, the refractive index is 1.346-1.348, and the pH is 3.0-3.5.

Identity Tests: To 5 ml. of hot alkaline cupric tartrate T.S. add a few drops of 10% fructose: a red precipitate of cuprous oxide appears *(presence of reducing sugars).*

Prepare a 0.05% solution of resorcinol in hydrochloric acid diluted 1:1. To 5 ml. of the solution add 1 ml. of 10% fructose and heat in a boiling water bath for 2 min.: a cherry-red color appears *(presence of ketohexose)*

Prepare a solution containing 1 gm. of phenylhydrazine hydrochloride and 1.5 gm. of sodium acetate in 10 ml. of water by heating the mixture to about 60°, cooling, and filtering. To 5 ml. of this solution in a test tube add 1.5 ml. of 10% fructose. Place the test tube in a boiling water bath for about 5 min. Crystals begin to appear in 2.0-2.5 min. Cool the reaction mixture, filter it, and wash the precipitate with three 10 ml. portions of water followed by single washings with 5 ml. of alcohol and 5 ml. of ether. Dry the residue at 105° for 30 min.: the yellow osazone formed melts at 205-210° (with decomposition).

The specific rotation, $[\alpha]^{25}D$, of 10% fructose is between −90.0 and −94.5°.

Purity Tests: To 10 ml. of 10% fructose add 1 ml. of ammonium oxalate T.S.: the solution remains clear for 1 min. *(absence of calcium).*

To 50 ml. of 10% fructose add 2 ml. of nitric acid and exactly 10 ml. of 0.02 *N* silver nitrate. Heat the mixture on a steam bath to coagulate the silver chloride, cool, and add 5 ml. of nitrobenzene and 2 ml. of ferric ammonium sulfate T.S. Titrate the excess silver nitrate with 0.02 *N* ammonium thiocyanate. Each milliliter of 0.02 *N* silver nitrate consumed is equivalent to 0.0007092 gm. of chloride: the amount of chloride does not exceed 0.025%.

Dilute 1 ml. of 10% fructose to 25 ml. with water, add 1 ml. of barium chloride T.S., shake, and allow the mixture to stand for 1 min.: the turbidity does not exceed that of 0.2 ml. of 0.02 *N* sulfuric acid diluted to 25 ml., and treated in the same manner *(presence of not more than 0.2% sulfate).*

Transfer to a test tube 10 ml. of 10% fructose. Add 5 ml. of ether and shake vigorously. Separate the layers, transfer 2 ml. of the ether layer to a test tube, and add 1 ml. of a 1% solution of resorcinol in hydrochloric acid: a slight pink color may form but no cherry-red color appears immediately *(absence of hydroxymethylfurfural).*

Transfer exactly 10 ml. of 10% fructose to a tared crucible and remove the water by evaporation on a steam bath. Char the residue, cool, add 1 ml. of concentrated sulfuric acid, and continue ignition until no carbon remains: the amount of residue does not exceed 0.5%. Save this residue for the heavy metals test.

To the residue from ashing add a mixture of 30 ml. of diluted hydrochloric acid and 3 ml. of bromine T.S., cover the crucible, and boil gently for 10 min. Filter, and wash the filter and residue with 25 ml. of hot water. Evaporate the filtrate to dryness, dissolve the residue in 15 ml. of water, add 2 ml. of diluted acetic acid, and dilute to 25 ml. with water. Prepare a standard with 0.5 ml. of U. S. P. standard lead solution, and treat it with the same quantities of the same reagents and in the same manner. Run a *U. S. P. heavy metals test:* the amount of heavy metals does not exceed 5 ppm.

Assay: (Fructose) Prepare a 0.4% solution of fructose and using 20 ml. of this solution assay for fructose as directed in *Official Methods of Analysis of the Association of Official Agricultural Chemists*, ed. 7, A.O.A.C., Washington, 1950, p. 508 and 512-513, par. 29.40, 29.41, 29.54, and 29.55. The amount of fructose is not less than 95.0 nor more than 105.0% of the labeled amount.

Mead Johnson & Company, Evansville, Ind.

Solution Levugen 10%: 1 liter bottles. A solution containing 0.1 gm. of fructose in each cubic centimeter.

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APPROVED INTERNSHIPS AND RESIDENCIES IN THE UNITED STATES

ANNUAL REPORT OF INTERNSHIPS AND RESIDENCIES BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Edward H. Leveroos, M.D., and Warren R. Von Ehren

Annual Report

The Council on Medical Education and Hospitals presents in this 27th Annual Report, statistical data and other information on Council-approved internship and residency programs. In addition to the customary tables on the number of internships and residencies, there is a breakdown of internship stipends for nonfederal hospitals, a report on the study made by the Advisory Committee on Internships, and a brief discussion of the National Intern Matching Plan. As in previous years, lists of approved internships and residency programs follow the report. These lists are published in reprint form as the Directory of Approved Internships and Residencies.

The report is based on information submitted for the fiscal or calendar year by hospitals conducting approved training programs. The statistical tables include information on the number of internships and residencies as of Sept. 1, 1952. The data differ therefore, from those contained in the lists of approved services, since these relate to appointments for the year beginning July 1, 1954.

Approved programs are listed as follows: a section on internships based on the state and city in which the hospital is located as well as one based on the type of internship being offered, a section on residency programs by specialties, and a section recapitulating the programs for which each hospital is approved.

The geographical list of approved internships includes data on the type of hospital, bed capacity, annual admissions, autopsy percentage, and stipend, as well as information on the type and number of internships. For those hospitals participating in the official plan for intern appointments, as sponsored by the National Intern Matching Plan, Inc., a code designation is given to each program offered. The list of approved residencies as classified by specialties includes statistical data for that particular service in addition to the name of the chief of service, number of years for which the program is approved, and other pertinent information.

The publishing of this report and the lists of approved services is made possible through the helpful cooperation of the medical staffs and administrators of hospitals in which approved training programs are being conducted. The Council takes this opportunity to express its appreciation for the excellent support it has received from them, as well as for the valuable contribution of the administrative officers of medical schools and the federal services this year, as in the past. To the following organizations with which the Council collaborates in the approval and listing of residency programs, the Council wishes to make grateful acknowledgment:

Advisory Board for Medical Specialties
American Board of Anesthesiology
American Board of Dermatology and Syphilology
American Board of Internal Medicine
  Subspecialty Board on Allergy
  Subspecialty Board on Cardio-Vascular Diseases
  Subspecialty Board on Gastroenterology
  Subspecialty Board on Pulmonary Diseases
American Board of Neurological Surgery
American Board of Obstetrics-Gynecology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
American Board of Physical Medicine and Rehabilitation
American Board of Plastic Surgery
American Board of Preventive Medicine
American Board of Proctology
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
American Board of Urology
Board of Thoracic Surgery
American College of Physicians
American College of Surgeons

The Annual Report is published for the information of members of the medical profession, educators, hospital administrators, and others interested in graduate medical education. The Directory of Approved Internships and Residencies as reprinted from the following lists of approved services has been designated as an official directory by a number of federal and state governmental agencies. Inquiries regarding the report and the directory should be made to the Council on Medical Education and Hospitals.

Internships

For the first time in several years, the number of internships in approved hospitals has decreased from that of the year previous. Last year, 865 hospitals offered 11,467 internship appointments. This year, 856 hospitals indicated that they had 11,006 internship positions available for the year beginning July 1, 1953. While the decrease, 3.4%, was not great, it may indicate a leveling off of the inflationary trend which has occurred over the past 10 years. It can reasonably be anticipated however, that a further voluntary decrease of any sizeable proportion is unlikely in view of the continuing demand for hospital services and the utilization of intern staffs to supply part of those services. In considering the over-all problem of the shortage of interns, it is significant to note that, while the number of hospitals offering approved intern training has increased 12% during the past 10 years, from 760 hospitals to 856, the number of internships in those hospitals has risen 32%, from 8,180 to 11,006 (table 1).

INTERNSHIPS BY TYPE OF SERVICE

A breakdown of the number of internships filled and vacant by type of service is shown in table 2. The number of approved hospitals offering internships in each cate-

gory is also included. There were a total of 10,548 internships of all types reported by approved hospitals as of Sept. 1, 1952. Of these, 9,497, or 90%, were rotating. This represents an increase in this type of internship of approximately 6% over the previous year.

TABLE 1.—*Approved Hospitals and Internships, 1943-1953*

Year*	Number of Hospitals	Number of Internships
1943	769	8,180
1944	766	5,692
1945	785	8,429
1946	798	8,584
1947	764	8,539
1948	817	9,118
1949	837	9,124
1950	799	9,398
1951	818	10,044
1952	865	11,467
1953	856	11,000

* Year of publication.
† Quota year.
(U. S. Army, U. S. Navy Hospitals and those outside the United States not included in 1943 to 1947 figures.)

Approximately 9%, or 921 internships offered last year, were straight services, while 1%, or 130, were of the mixed type. A total of 7,645 interns were reported on duty as of Sept. 1, 1952. This figure includes second year interns and graduates of foreign medical schools as well as first year interns from schools in the United States. Considering the number of these latter graduates, it can be estimated that from 1,300 to 1,400 internships in the United States are being filled by graduates of schools outside the U. S.

The percentage of internships filled varied somewhat according to type, with 80% of straight internships, 78% of the mixed type, and 72% of rotating internship positions occupied. The comparatively low percentage for the rotating type could be anticipated in view of the large number of these internships available.

The percentage of internships filled has remained the same for the past two years, 72%. During this period, hospitals have reported internship vacancies numbering

TABLE 2.—*Number of Internships by Type of Service, 1952-1953*

Type of Internship	Number of Approved Programs	Number of Internships: Filled Sept. 1, 1952	Vacant Sept. 1, 1952	Percentage Filled Sept. 1, 1952
Rotating General	799	6,698	2,653	72
Other Rotating	61	115	31	78
Totals	860	6,813	2,684	72
Mixed	21	102	28	78
Straight				
Internal Medicine	72	362	71	84
Pediatrics	37	117	29	80
Surgery	58	251	91	73
Totals	167	730	191	79
Grand Totals	1,048*	7,645	2,903	72

* Number of internship programs in 853 approved hospitals.

about 3,000; 3,111 for 1951 and 2,903 for 1952. In considering the problem of the shortage of interns, this over-all figure can be considered more accurate than that obtained by comparing the total number of internships available with the annual number of medical school graduates in this country.

INTERNSHIPS BY TYPE OF HOSPITAL CONTROL

Statistical data relative to the number of internships considered from the standpoint of hospital control are given in table 3. Of the total number of interns on duty as of Sept. 1, 1952, the federal hospitals accounted for approximately 6%, other governmental hospitals (nonfederal) 36%, and the nongovernmental group, 58%. Approximately 68% of the internships offered in federal hospitals were filled. The relatively low percentage for these hospitals was due in large part to the fact that internships in Veterans Administration hospitals were less than one-third filled; other federal hospitals showed internship occupancy rates from 74% in the U. S. Naval hospitals to 99% for the United States Public Health Service hospitals, all being above the occupancy rate for the United States as a whole. Internships in governmental hospitals of the nonfederal group were also comparatively well filled, ranging from 79% in hospitals under state control to 92% in city-county hospitals. As was the case last year, one of the lowest occupancy rates

TABLE 3.—*Number of Internships by Type of Hospital Control, 1952-1953*

Control	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1952	Vacant Sept. 1, 1952	Percentage Filled Sept. 1, 1952
Federal				
U. S. Army	9	174	17	91
U. S. Navy	13	125	43	74
U. S. Public Health Service	5	71	1	99
Veterans Administration	13	67	147	31
Other Federal	2	23	7	77
Totals	42	460	215	68
Governmental (Non-Federal)				
State	24	586	158	79
County	34	734	134	85
City	56	1,199	295	80
City-County	14	235	20	92
Totals	128	2,754	607	82
Non-Governmental				
Church-Related	269	1,555	871	64
Non Profit Assn.-Corp.	361	2,476	1,071	70
Other Non Profit	40	350	124	74
Other Non-Governmental	13	50	15	72
Totals	683	4,431	2,081	68
Grand Totals	853	7,645	2,903	72

was for the church-controlled group, with 64% of these internships filled.

It should be noted also that the average number of internships available in these hospitals is 9, compared to 16 for the federal hospitals and 19 for the other government institutions. The failure of the church-controlled hospitals to fill at least two-thirds of their requested number of internships might be expected to have an even more serious effect on their intern programs than would be the case if their intern staffs were larger.

INTERNSHIPS BY MEDICAL SCHOOL AFFILIATION AND HOSPITAL BED CAPACITY

For purposes of this report and in the list of approved internships, hospitals have been classified as "major teaching," "minor teaching," and "nonaffiliated," on the basis of the extent to which these hospitals participate in a medical school's undergraduate teaching program. Thus, a "major teaching" hospital is one which has been designated by a medical school as being a major unit in its undergraduate clinical clerkship program, a "minor teaching" hospital is one utilized to a limited extent for

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undergraduate instruction, and a "nonaffiliated" hospital is one which does not participate in such a program.

Of the total number of approved hospitals last year, 146, or 17%, were designated as major units in a medical school program. They offered 3,712 internships, or 35% of all positions available (table 4). There were 88 hospitals, or 10%, classified as minor teaching units in which 1,105 internships were offered, representing about 10% of the total. Hospitals without medical school affiliation numbered 619, or 73% of the total number of hospitals approved. In this group, there were 5,731 internships as of Sept. 1, 1952, or about 55% of the total number.

The highest percentage of internships filled, 85%, was in the group of major teaching hospitals of 325 to 399 bed size. Nonaffiliated hospitals of 176 beds or less had the lowest percentage of internships filled, 58%. Aside from this group, however, there were no great differences in the percentages of positions filled in comparing the nonaffiliated hospitals with those classified as "minor teaching." In one group, those of 325 to 399 bed capacity, nonaffiliated hospitals filled a higher percentage, 67%, than did those of the same range in the minor teaching group, which had 63% of their internship positions occupied. Considering the groups as a whole, the major teaching hospitals were the most successful in obtaining interns, with 81% of all internships filled. Minor teaching hospitals had 70% of their positions occupied, and the nonaffiliated group, 67%.

In general, hospitals of larger bed capacities, irrespective of medical school affiliation, obtained higher proportions of interns sought than did the smaller hospitals. Combining the data for all three groups, major, minor, and nonaffiliated hospitals, the percentages of internships filled in hospitals of bed capacities of 176 or under, 250 to 324 beds, and over 400 beds were respectively 60, 70, and 80%.

TABLE 4.—*Number of Internships by Medical School Affiliation and Bed Capacity, 1952-1953*

Classification	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1952	Number of Internships: Vacant Sept. 1, 1952	Number of Internships: Percentage Filled Sept. 1, 1952
Non-Affiliated				
Under 176 beds	198	388	285	58
176-249	187	792	496	61
250-324	148	971	464	68
325-399	57	439	219	67
400-over	89	1,276	401	76
Totals	619	3,866	1,865	67
Major Teaching				
Under 176 beds	10	36	18	67
176-249	22	121	70	63
250-324	14	138	49	74
325-399	15	193	34	85
400-over	85	2,520	533	82
Totals	146	3,008	704	81
Minor Teaching				
Under 176 beds	9	36	15	71
176-249	21	118	73	62
250-324	17	134	53	72
325-399	15	119	71	63
400-over	26	364	122	75
Totals	88	771	334	70
Grand Totals	853	7,645	2,903	72

INTERNSHIPS BY CENSUS REGION AND STATE

The number of internships filled and vacant by states, with a recapitulation by census region, is given in table 5. The East North Central states had the largest percentage of internships filled, 76%, slightly above the national average. All other regional areas showed percentages approximating that for the United States as a whole. The relatively low percentage of internships filled in Mon-

TABLE 5.—*Number of Internships by Census Region and State, 1952-1953*

Census Region and State	Number of Approved Hospitals	Number of Internships: Filled Sept. 1, 1952	Number of Internships: Vacant Sept. 1, 1952	Number of Internships: Percentage Filled Sept. 1, 1952
New England				
Maine	4	17	7	71
New Hampshire	1	16	..	100
Vermont	2	17	3	85
Massachusetts	39	281	121	70
Rhode Island	6	47	12	80
Connecticut	20	131	65	67
Totals	72	509	208	71
Middle Atlantic	*			
New York	109	1,195	322	79
New Jersey	40	273	118	70
Pennsylvania	76	534	295	64
Totals	225	2,002	735	74
East North Central				
Ohio	48	461	149	76
Indiana	17	124	60	68
Illinois	61	594	158	79
Michigan	36	418	104	80
Wisconsin	24	140	64	69
Totals	186	1,737	535	76
West North Central				
Minnesota	17	158	48	77
Iowa	11	59	35	63
Missouri	25	268	109	71
North Dakota	3	4	8	33
South Dakota	3	16	2	89
Nebraska	9	45	28	62
Kansas	7	48	34	60
Totals	75	598	264	69
South Atlantic				
Delaware	3	20	10	67
Maryland	22	169	85	65
District of Columbia	12	171	50	77
Virginia	19	115	87	57
West Virginia	9	36	14	72
North Carolina	12	118	55	68
South Carolina	7	49	27	64
Georgia	12	121	54	69
Florida	11	96	20	83
Totals	107	886	402	69
East South Central				
Kentucky	10	66	32	67
Tennessee	17	173	59	75
Alabama	6	49	27	64
Mississippi	2	7	11	39
Totals	35	295	129	70
West South Central				
Arkansas	4	28	9	76
Louisiana	11	169	76	69
Oklahoma	7	65	19	77
Texas	27	289	114	72
Totals	49	551	218	72
Mountain				
Montana	2	4	7	36
Colorado	13	92	27	77
Arizona	6	38	29	57
Utah	7	41	35	54
Totals	28	175	98	64
Pacific				
Washington	18	150	71	68
Oregon	7	60	32	65
California	51	682	211	76
Totals	76	892	314	74
Grand Totals	853	7,645	2,903	72

tana, 36%, and the high percentage of those filled in New Hampshire, 100%, are understandable on the basis of the number of internships involved.

Almost half of all hospitals approved for intern training are located in the eight states making up the Middle Atlantic and East North Central regions. They offer a total of 5,009 internships, or about 50% of the total number. About three-fourths of the hospitals offering approved internships lie east of the Mississippi River. They offer a total of 7,438 internships, or 70% of those available. New York with 109, Pennsylvania with 76, and Illinois with 62 hospitals approved for intern training account for 30% of the total number. There are now approved hospitals in all but four states: Idaho, New Mexico, Nevada, and Wyoming.

INTERNSHIP STIPENDS

Table 6 gives an analysis of internship stipends paid in nonfederal hospitals. The figures represent salaries paid to interns in the majority of cases in addition to maintenance. Federal hospitals have been excluded from this table. Stipends paid to interns in these hospitals are established in accordance with government pay tables, with the exception of those paid by the Veterans Administration. Intern stipends in these hospitals are determined locally on the basis of the pay scale prevailing in the community. In hospitals affiliated with medical schools, 36% of intern stipends were at the rate of $75 per month or less, with four hospitals offering no cash stipend; 39% of the hospitals of this classification offered stipends between $76 and $150, and 25% paid salaries of over $150 monthly. For the nonaffiliated group, 7% offered $75 or less per month, 47% paid from $76 to $150, and in 46% the intern monthly stipend was over $150.

Compared with a year ago, internship stipends can be shown to have increased significantly. Comparable figures for the reporting year 1951 gave the following percentages: medical school affiliated hospitals, 56% of stipends in the range $75 per month or less, 35% in the $76-150 range, and 9% reporting stipends of more than $150 per month. In nonaffiliated hospitals percentages for the same salary ranges were 26%, 58%, and 16%. The number of approved hospitals in both groups, affiliated and nonaffiliated, which paid stipends of $200 per month or over rose from 20 as of Sept. 1, 1951, to 104 as of Sept. 1, 1952. The majority of hospitals paying stipends in this range are those of less than 325 bed capacity in the nonaffiliated group.

ADVISORY COMMITTEE ON INTERNSHIPS

Late in 1952, the Advisory Committee on Internships completed an intensive study of the internship and its place in present-day medical education, a study which had been in progress for more than 15 months. The committee included representatives from the medical profession, medical education, the major specialties, and hospital administration, as follows:

S. HOWARD ARMSTRONG, Chicago.
GRANVILLE BENNETT, Chicago.
ULRICH BRYNER, Salt Lake City.
JOHN LEONARD, Hartford, Conn.
JOHN McK. MITCHELL, Philadelphia.
JOHN PAINE, Buffalo, N. Y.
JOHN ROMANO, Rochester, N. Y.
ANTHONY J. J. ROURKE, New York.
ROBERT WILLSON, Philadelphia.
JOHN YOUMANS, Nashville.
VICTOR JOHNSON, *Chairman*, Rochester, Minn.

TABLE 6.—*Stipends by Medical School Affiliation and Bed Capacity, 1952-1953*

(Excluding Federal Hospitals)

	None	$25 or Less	$26-50	$51-75	$76-100	$101-125	$126-150	$151-175	$176-200	$200-Over	Not Reported	Number of Hospitals
Non-Affiliated												
Under 176 beds	2	..	1	2	7	32	8	47	8	19	12	138
176-249	..	..	..	7	14	52	21	32	15	36	10	187
250-324	1	..	..	8	19	30	16	29	8	19	12	148
325-399	..	..	1	7	6	18	5	6	1	9	4	57
400-over	..	..	4	4	16	9	9	11	5	8	2	68
Totals	3	..	6	28	62	147	59	125	37	91	40	598
Affiliated (Major and Minor Teaching)												
Under 176 beds	..	..	2	3	1	4	1	6	..	1	1	19
176-249	..	..	..	6	7	9	2	11	1	5	..	41
250-324	1	..	3	2	6	5	1	4	2	4	1	29
325-399	..	3	4	5	4	6	..	3	2	2	..	29
400-over	3	3	26	15	16	11	9	6	3	1	2	95
Totals	4	6	35	31	34	35	13	30	8	13	4	213
Grand Totals	7	6	41	59	96	182	72	155	45	104	44	811

The committee made a report of its findings which was published in THE JOURNAL [1] early this year. The report summarized the committee's views on the form and content of the internship and the manner in which it should be conducted. Since its publication, the report has received recognition as an outstanding contribution to this field of medical education and one which will serve to redefine and clarify the principles of intern education for some time to come.

In addition to having drawn up this report, the committee made a thorough study of the Essentials of an Approved Internship and recommended revisions which were officially adopted. The more important changes were those relating to the organization and conduct of an intern educational program, along with those concerning the responsibilities of the medical staff and interns. Changes were also made in the quantitative requirements relating to bed capacity, annual admissions, and autopsy rate. A provision that a hospital which failed for two successive years to appoint at least two-thirds of its requested number of interns be reevaluated for continued

1. J. A. M. A. **151**: 499-510 (Feb. 7) 1953.

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approval, was subsequently invalidated. The provisions of these revised Essentials of an Approved Internship are now the basis on which a hospital's teaching potential is evaluated in considering it for admission to, or continuance on the approved list.

NATIONAL INTERN MATCHING PLAN

The Matching Plan, first introduced in 1950, will again be the official method for the appointment of interns for the coming year. The plan is sponsored by the following organizations: the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, and the Protestant Hospital Association, with liaison representatives to the operating committee from the medical departments of all federal services conducting intern programs. Two student representatives, one from the Student American Medical Association and one representative at large, are also members of the committee.

This year, for the first time, hospitals participating in the Matching Plan have been so designated in the Directory of Approved Internships and Residencies, with code identification of each program in addition to the usual statistical data about the hospital and information on the number and types of internships offered. This section of the directory will be duplicated for the use of students seeking appointments through the plan for the intern year 1954-1955.

The Matching Plan does not purport to distribute interns. A hospital participating in the plan may or may not obtain its requested number of interns, depending upon the number of applicants who signify their desire to accept appointment at that hospital and who are not matched with another hospital higher in their preference rating. The primary purpose of the plan is to give effect to the student's expressed choice of the hospital at which he desires to intern and the hospital's preference of persons applying to it. The plan in no way interferes with the student's free selection of the hospital of his choice. It does have the effect of relieving undue pressure on the student in making that choice. Neither does the plan interfere with proper negotiations between hospital and applicant. It assures the hospital of the appointment of those interns who have applied to it and who have given the hospital high enough preference in their confidential list.

The Matching Plan completed its second successful year of operation last year. A total of 843 hospitals, offering 10,971 internship appointments, participated. There were 6,033 students who signed agreements to apply for appointment through the plan. Of these, 4,873 (80%) were matched with hospitals of their first choice. An additional 580 students (10%) were appointed to hospitals which the applicant had rated second in his confidential list; 291 (5%) received appointments to hospitals they had rated third choice or lower. The remaining 289 students (5%) were not matched with any hospital on their list. The majority of this group had applied to a small number of hospitals, all of which had filled their internships with applicants rated higher by the hospital or the hospitals listed had indicated they would not accept the applicant concerned.

Agreements for participation in the plan for the coming intern year have been forwarded to all approved hospitals, with 835 hospitals indicating that they will participate. Student agreements have also been distributed and are now being returned. It is anticipated that an even higher proportion of students will make their appointments through the plan this year than did last year, when over 90% of the senior class were participants.[2]

TABLE 7.—*Internship Hospitals with Highest Autopsy Rates, 1952-1953*

	FEDERAL		NONFEDERAL	
1.	U. S. Naval Hospital, Pensacola, Fla.	98	North Carolina Baptist Hospital, Winston-Salem, N. C.	93
2.	Murphy Army Hospital, Waltham, Mass.	97	Children's Hospital, Los Angeles, Calif.	89
3.	Brooke Army Medical Center, San Antonio, Texas	94	University of Nebraska Hospital, Omaha, Nebr.	89
4.	Fitzsimons Army Hospital, Denver, Colo.	93	University of Illinois Research and Educational Hospitals, Chicago	87
5.	Madigan Army Hospital, Tacoma, Wash.	93	Children's Medical Center, Boston, Mass.	87
6.	William Beaumont Army Hospital, El Paso, Texas	90	University Hospital, Little Rock, Ark.	86
7.	Army Medical Center, Washington, D. C.	89	Mary Fletcher Hospital, Burlington, Vt.	83
8.	Veterans Admin Hospital, Houston, Texas	88	Mercy Hospital, Des Moines, Iowa	83
9.	Letterman Army Hospital, San Francisco, Calif.	88	Mary Hitchcock Memorial Hospital, Hanover, N. H.	82
10.	Tripler Army Hospital, Honolulu, T. H.	88	University of Minnesota Hospitals, Minneapolis	82
11.	Veterans Admin Hospital, Salt Lake City, Utah	87	Evanston Hospital, Evanston, Ill.	78
12.	U. S. Naval Hospital, Bremerton, Wash.	87	Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.	76
13.	U. S. Naval Hospital, Oakland, Calif.	87	Frankford Hospital, Philadelphia	76
14.	U. S. Naval Hospital, Newport, R. I.	86	Hospital of the University of Pennsylvania, Philadelphia	76
15.	U. S. Naval Hospital, Oceanside, Calif.	86	Milwaukee Children's Hospital, Milwaukee, Wisc.	76
16.	Veterans Admin Hospital, Seattle, Wash.	85	Peter Bent Brigham Hospital, Boston, Mass.	76
17.	Valley Forge Army Hospital, Phoenixville, Pa.	83	University of California Hospital, San Francisco	74
18.	U. S. Naval Hospital, San Diego, Calif.	82	Albert Einstein Medical Center—Southern Div., Philadelphia	74
19.	U. S. Naval Hospital, Bethesda, Md.	82	Chicago Memorial Hospital, Chicago	73
20.	U. S. Naval Hospital, Chelsea, Mass.	82	Parkland Hospital, Dallas, Texas	73

Residencies

Residency programs in 27 specialties and subspecialties and in general practice are currently approved by the Council. In 17 specialties in which approved examining boards have been established, the Council collaborates with the board concerned in granting recognition to a hospital for residency training. In three specialties, ophthalmology, physical medicine, and thoracic surgery, approval is given to a program without specifying the number of years for which the hospital is accredited. Credit for training in these specialties is granted by the board on an individual basis. In all other specialties and subspecialties, the number of years of approval has been designated.

Residency programs in internal medicine are approved through the Residency Review Committee for Internal Medicine, representing the Council, the American Board of Internal Medicine, and the American College of Surgeons. Residencies in the medical subspecialties of allergy, cardiovascular diseases, gastroenterology, and pulmonary diseases are approved in collaboration with the respective subspecialty board of the American Board of Internal Medicine. In surgery, residencies are

2. Further details on the operation of the plan can be obtained from the office of the Director, National Intern Matching Plan, Inc., 185 N. Wabash Ave., Chicago, Ill.

approved in behalf of the Council, the American Board of Surgery, and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. Through this committee, uniform standards for training in general surgery, a single list of approved programs, and a uniform evaluation procedure have been established.

In 1950, a special category of residency programs in surgery was developed. These programs are approved by the Council, acting independently, as offering satisfactory training in general surgery in preparation for a surgical specialty. Most of the boards in the surgical specialties now either require or recommend a minimum of one year of such training before beginning training in the specialty itself. Programs of this type have been designated under the category Surgery B in these tables. Surgical residencies leading to certification by the American Board of Surgery are designated as Surgery A programs. Hospitals developing residency programs in general surgery and applicants applying for appointments in surgery should take note of the differentiation between these two types of surgical residencies.

NUMBER OF RESIDENCIES BY SPECIALTIES

This year, there were a total of 4,634 residency programs conducted in 1,131 hospitals approved by the Council. A total of 22,292 residency positions were available in these hospitals, 10,285 being first year appointments. Table 8 includes data on these programs, including the number approved, the number of positions filled and vacant as of Sept. 1, 1952, and the percentages filled, by specialty.

Considering first year appointments only, the largest number offered were in psychiatry, with a total of 1,833 positions; 1,780 first year residencies were available in internal medicine, and 1,500 in general surgery (Type A). Specialties in which the largest percentage of first year positions were filled included gynecology only, 91%, thoracic surgery 89%, obstetrics-gynecology, 84%, psychiatry 84%, surgery (Type A) 84%, and pediatrics, 82%. Considering the total number of residency positions filled, thoracic surgery with 90%, obstetrics-gynecology, 88%, surgery (Type A) 86%, ophthalmology 84%, pediatrics, 84%, and plastic surgery, 82%, showed the largest percentages.

The programs with the lowest percentage of total residencies filled included proctology, 40%, allergy, 46%, physical medicine, 49%, general practice, 51%, surgery (Type B) 56%, and pathology 58%. In these fields, the percentage of positions filled was appreciably below the average for all specialties.

There were 16,867 residency positions filled last year, representing 76% of the total number offered. This compares with 15,851 residencies filled a year ago, representing 77% of those available. It can be anticipated that this figure will remain relatively constant for the next few years unless there is a marked increase in the number of applicants available following discharge from the military services.

As commented on in the Annual Report last year, the percentage of residencies filled in hospitals throughout the United States now closely approximate that for internship positions, 76% as compared to 72%. It is apparent that the staffing of hospitals with interns and residents should be considered as two facets of the same basic problem. An evaluation of the intern shortage except in terms of the total problem can supply at best only a partial answer.

RESIDENCIES BY TYPE OF HOSPITAL CONTROL

Table 9 represents an analysis of residency positions by type of hospital control. Federal hospitals, 109 in number, with 647 separate programs offer 1,393 first year positions, or 14% of the total, and 3,708 residencies for all levels, representing 16% of these appointments. Within the federal services, Veterans Administration hospitals accounted for 80% of the first year residencies and for 75% of the total number of appointments to federal hospitals.

Other governmental hospitals, excluding federal, offered 4,025 first year appointments, or 39% of these residencies, and 7,553, or 36% of all residency appointments. There were 2,755 residency programs conducted in 727 nongovernmental hospitals throughout the country. These included nonprofit association, church-related, and other community-type institutions. They offered 4,867 first year appointments, or 47% of these residencies, and 11,031 appointments at all levels, representing 48% of the total number of positions available. Federal hospitals were the only group to show a lower percentage of first year appointments filled as compared

TABLE 8.—*Number of Residencies by Specialty, 1952-1953*

Specialty	Number of Approved Programs	Number of Residencies: First Year Appointments: Filled Sept. 1, 1952	First Year Appointments: Vacant Sept. 1, 1952	First Year Appointments: Percentage Filled Sept. 1, 1952	Total Appointments (All Years): Filled Sept. 1, 1952	Total Appointments (All Years): Vacant Sept. 1, 1952	Total Appointments (All Years): Percentage Filled Sept. 1, 1952
Allergy	14	8	9	47	11	13	46
Anesthesiology	205	318	109	75	645	208	76
Cardiovascular Disease	28	26	7	79	49	19	72
Contagious Diseases	12	34	16	68	37	17	69
Dermatology-Syphilology	78	58	30	66	178	66	73
Gastroenterology	14	5	4	56	24	8	75
General Practice	112	160	133	55	182	175	51
Internal Medicine	586	1,352	428	76	3,157	1,053	75
Malignant Diseases	13	10	9	53	21	11	64
Neurological Surgery	94	66	38	64	195	81	71
Neurology	81	79	40	66	178	86	62
Obstetrics	77	96	29	77	142	40	78
Gynecology	8	10	1	91	28	2	73
Obstetrics-Gynecology	326	520	96	84	1,365	197	88
Ophthalmology	160	159	42	79	442	83	84
Orthopedic Surgery	257	258	87	75	663	208	76
Otolaryngology	115	90	59	60	237	149	61
Pathology	472	393	237	62	851	616	58
Pediatrics	244	526	113	82	1,031	200	84
Physical Medicine	46	21	23	48	47	48	49
Plastic Surgery	30	19	7	73	55	12	82
Proctology	14	6	6	50	10	15	40
Psychiatry	247	1,533	300	84	1,784	672	73
Pulmonary Diseases	105	148	88	63	218	133	62
Radiology	382	339	179	65	901	375	71
Surgery A	510	1,206	244	84	3,702	616	86
Surgery B	130	118	90	57	163	130	56
Thoracic Surgery	55	54	7	89	121	14	90
Urology	219	115	77	64	430	178	71
Totals	4,634	7,777	2,508	76	16,867	5,425	76

Surgery A—Programs leading to certification by the American Board of Surgery.

Surgery B—Programs approved as offering training in general surgery in preparation for a residency in a surgical specialty.

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to that for all levels, 69% for the former and 75% for the latter.

The residency occupancy rate for all types of hospitals was 76% for both first year appointments and for positions at all levels. There were 7,777 first year residents reported on duty last year, with a total of 16,867 residents in all categories. Comparable figures for the year previous showed 6,376 first year residents and 15,851 total number of residents.

NUMBER OF RESIDENCIES BY HOSPITAL BED CAPACITY

A breakdown of the number of first year and total appointments filled and vacant for hospitals of varying bed capacities is given in table 10. Over 62% of first year residencies, 6,377 in number, and 61% of all residencies, a total of 13,654 positions, were offered in hospitals of 400 beds or larger. Hospitals of bed capacities from 250 to 399 beds accounted for 2,221 first year appointments, or 22% of this group and 4,676, or 20% of all residency appointments, while hospitals of bed capacities below 250 accounted for the remainder, 16% of first year and 15% of total appointments available (4% of the total number of appointments were in hospitals of unspecified size).

There appears to be a direct correlation between the size of the hospital and the percentage of residencies filled, particularly for first year appointments, hospitals of bed capacities under 176 having the lowest percentage filled, 66%, and hospitals over 400 beds and over the highest, 80%. Again, for all residencies, hospitals of 176 beds or less filled 69% of their positions while those of 400 beds or over had an occupancy rate of 76%.

TABLE 9.—*Number of Residencies by Type of Hospital Control, 1952-1953*

Control	Number of Approved Hospitals	Number of Approved Programs	Number of Residencies: First Year Appointments: Filled Sept. 1, 1952	First Year Appointments: Vacant Sept. 1, 1952	First Year Appointments: Percentage Filled Sept. 1, 1952	Total Appointments (All Years): Filled Sept. 1, 1952	Total Appointments (All Years): Vacant Sept. 1, 1952	Total Appointments (All Years): Percentage Filled Sept. 1, 1952
Federal								
U. S. Army	16	84	117	41	74	383	75	84
U. S. Navy	7	85	58	5	92	207	72	74
U. S. Public Health Service	8	30	33	4	89	113	12	90
Veterans Administration	72	426	732	366	67	2,021	742	73
Other Federal...*	6	22	23	14	62	65	6	92
Totals	109	647	963	430	69	2,789	919	75
Governmental (Non-Federal)								
State	143	468	1,969	319	86	2,903	728	80
County	63	243	386	135	74	939	281	77
City	73	437	856	239	76	1,831	549	77
City-County	16	84	122	29	81	254	68	79
Totals	295	1,232	3,283	742	82	5,927	1,626	79
Non-Governmental (all types)	727	2,755	3,531	1,336	73	8,151	2,880	74
Grand Totals	1,131	4,634	7,777	2,508	76	16,867	5,425	76

hospitals has more than doubled. The problem of intern and resident shortages then, is a relative one, depending on whether the demand for interns and residents or the current supply is considered the frame of reference.

TABLE 10.—*Number of Residencies by Bed Capacity, 1952-1953*

Classification	Number of Approved Hospitals	Number of Residencies: First Year Appointments: Filled Sept. 1, 1952	First Year Appointments: Vacant Sept. 1, 1952	First Year Appointments: Percentage Filled Sept. 1, 1952	Total Appointments (All Years): Filled Sept. 1, 1952	Total Appointments (All Years): Vacant Sept. 1, 1952	Total Appointments (All Years): Percentage Filled Sept. 1, 1952
Under 176 beds	246	438	231	66	940	435	69
176-249	227	677	322	68	1,433	619	70
250-324	189	779	379	67	1,630	763	68
325-399	104	805	268	76	1,710	603	74
400-over	360	5,067	1,310	80	10,993	2,991	78
Not specified	5	11	8	58	521	33	94
Grand Totals	1,131	7,777	2,508	76	16,867	5,425	76

RÉSUMÉ

An analysis of internships and residencies available in hospitals approved by the Council has been presented in tabular form together with explanatory comment in this report. There are now 182 hospitals approved by the Council for intern training only, 457 approved for residency training only, and 674 approved for both types of graduate education. A total of 32,840 house staff positions are offered in these hospitals, including 10,548 internship and 22,292 residency appointments.

Last year, 24,512 of these positions were filled, with 7,645 interns and 16,867 residents on duty. It can be estimated on this basis, then, that approximately 15% of the physician population in this country are currently engaged full time in hospital work as house staff members. While the primary objective of these internship and residency programs is educational, their importance from the standpoint of hospital service is evident.

Last year, 28% of all internships and 24% of all residency positions were vacant. While the percentage of vacancies has grown steadily over the past decade, the number of interns and residents serving in approved hospitals has more than doubled. The problem of intern and resident shortages then, is a relative one, depending on whether the demand for interns and residents or the current supply is considered the frame of reference.

Thus, in 1940, while there were few, if any, internship or residency positions unfilled, there were less than 12,000 interns and residents on duty. Conversely, today approximately 25% of all house staff positions are vacant. The number of interns and residents on duty, however, has risen to over 24,000. These facts are significant in any appraisal of the current situation relative to house staff shortages.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to September 1, 1953

HOSPITALS, 856, INTERNSHIPS, 11,006

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed and straight:

1. A rotating internship is defined as one which provides supervised experience in internal medicine, surgery, pediatrics, obstetrics and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one which provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one which provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery and pediatrics.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols **X** and **x**. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 86 placed immediately after the symbol **X** or **x**. The list of medical schools appears on page 303. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables. When applying for internships in Air Force, Army, Navy or Public Health Service hospitals, applications should be directed to the medical departments of the Air Force, Army, Navy or the United States Public Health Service and not to the individual hospitals. Although applications are made to the service rather than to the individual hospitals, all of the services ask students to list three hospitals in order of preference. Every possible effort is made to place successful candidates in accordance with their desires. Because of the needs of the service it should be understood that students may, in some instances, be assigned to other hospitals than those for which they have indicated a preference.

Hospitals listed below (pages 282 to 302) make first year internship appointments through the National Intern Matching Program, Inc. (see also page 302). The number and type of internships as listed represent appointments for the intern year 1954-1955.

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FEDERAL

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES ARMY—Hospitals, 11; Internships, 150										
Army and Navy General Hospital +1-5 Reserve Ave. and Cottage St., Hot Springs, Ark.	Fed	400	8,267	Req	71	12	(104)	...		
Letterman Army Hospital +1-5 Presidio, San Francisco, Calif.	Fed	1,924	12,737	None	88	12	No	...		
Fitzsimons Army Hospital +1-4-5 Denver 8, Colo.	Fed	2,200	9,779	Req	93	12	No	...		
Army Medical Center +1-4-5-x19-20-37 6900 Georgia Ave., N.W., Washington 12, D. C.	Fed	1,700	14,379	Req	89	12	No	...		
Murphy Army Hospital +1-5 424 Trapelo Rd., Waltham 54, Mass.	Fed	543	3,215	None	98	12	(160)	...	150 Rotating General Office of the Surgeon General, Department of the Army, Washington 25, D. C. Attn. Chief Personnel Division	00411
Percy Jones Army Hospital +1-4-5 74 N. Washington Ave., Battle Creek, Mich.	Fed	1,250	5,160	Req	80	12	No	...		
Valley Forge Army Hospital +1-4-5 Phoenixville, Pa.	Fed	1,650	5,819	Req	83	12	(245)	...		
William Beaumont Army Hospital +5 El Paso, Texas	Fed	1,200	12,643	None	90	12	No	...		
Brooke Army Medical Center +4-5 Fort Sam Houston, San Antonio, Texas	Fed	2,100	18,466	Req	94	12	No	...		
Madigan Army Hospital +1-4-5 Tacoma 9, Wash.	Fed	1,401	8,048	Req	93	12	No	...		
Tripler Army Hospital +8 Moanalua-N. King St. (Oahu Island), Honolulu, T. H.	Fed	1,603	18,279	None	88	12	No	...		
UNITED STATES AIR FORCE—Hospitals, 11; Internships, 60										
The 60 Air Force internships are divided among the Army hospitals listed above.									60 Rotating General Directorate of Staffing and Education, Office of the Surgeon General, Headquarters, U. S. Air Force, Washington 25, D. C.	00911
UNITED STATES NAVY—Hospitals, 14; Internships, 176										
U. S. Naval Hospital +1-4 8750 Mountain Blvd., Oakland 14, Calif.	Fed	2,000	19,141	Req	87	12	No	...		
U. S. Naval Hospital 1-4 Camp Pendleton, Oceanside, Calif.	Fed	1,331	13,691	Req	86	12	No	...		
U. S. Naval Hospital +1-4 San Diego 34, Calif.	Fed	2,860	32,242	Req	83	12	No	...	176 Rotating General Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.	00211
U. S. Naval Hospital 1 Jacksonville, Fla.	Fed	600	8,074	Req	78	12	No	...		
U. S. Naval Hospital 1 Pensacola, Fla.	Fed	400	6,451	Req	98	12	No	...		
U. S. Naval Hospital +1-4 Training Center, Great Lakes, Ill.	Fed	1,350	14,270	Req	72	12	No	...		

Abbreviations and other references will be found on pages 303 and 304.

FEDERAL—Continued

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES NAVY—Continued										
U. S. Naval Hospital [1]-x19, Rockville Pike, Bethesda 14, Md.	Fed	1,225	14,656	Req	82	12	No	...		
U. S. Naval Hospital [1-4]-x37, 1, Broadway, Chelsea 50, Mass.	Fed	1,041	9,241	Req	82	12	No	...		
U. S. Naval Hospital [1-4], Linden Blvd., St. Albans 25, N. Y.	Fed	2,778	11,425	Req	81	12	No	...	176 Rotating General	00211
U. S. Naval Hospital [1]-x69, 16th and Pattison Ave., Philadelphia 45, Pa.	Fed	1,600	16,026	Req	22	12	No	...	Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.	
U. S. Naval Hospital [1], 3rd and Cypress Sts., Newport, R. I.	Fed	575	7,420	Req	86	12	No	...		
U. S. Naval Hospital [1], Naval Base, Charleston, S. C.	Fed	550	5,994	Req	66	12	No	...		
U. S. Naval Hospital [1-4], Portsmouth, Va.	Fed	2,150	24,053	Req	55	12	No	...		
U. S. Naval Hospital [1], Naval Base, Bremerton, Wash.	Fed	500	5,308	Req	87	12	No	...		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 5; Internships, 106										
U. S. Public Health Service Hospital [1-3-4], 15th Ave. and Lake St., San Francisco 18, Calif.	Fed	426	5,436	Req	79	12	(113)	...		
U. S. Public Health Service Hospital [1-3-4], 210 State Street, New Orleans 18, La.	Fed	436	5,688	Req	79	12	(152)	...	106 Rotating General	00111
U. S. Public Health Service Hospital [1-4], Wyman Park Dr. and 31st St., Baltimore 11	Fed	400	7,357	Req	77	12	(158)	...	Public Health Service Hospitals, Public Health Service, Department of Health, Education, and Welfare, Washington 25, D. C. Attn. Chairman Committee on Residents and Interns	
U. S. Public Health Service Hospital [1-4], Bay St. and Vanderbilt Ave., Staten Island 4, N. Y.	Fed	983	10,761	Req	66	12	(220)	...		
U. S. Public Health Service Hospital [1-4]-x83, 14th and Judkins, Seattle 14, Wash.	Fed	431	5,292	Req	69	12	(206)	...		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 30										
Freedmen's Hospital [1-3-4]-X21, 6th and Bryant Sts., N.W., Washington 25	Fed	533	10,398	None	41	12	No	...	18 Rotating General	79811
St. Elizabeth's Hospital [1-3-4]-X20, 2630 Nichols Ave., S.E., Washington 20	Fed	403	2,483	Req	61	12	(124)	...	12 Rotating General	89411
VETERANS ADMINISTRATION—Hospitals, 13; Internships, 221										
Veterans Administration Hospital [1-3]-x11, 300 E. Roosevelt Rd., Little Rock, Ark.	Fed	427	4,639	Req	73	12	(103)	...	3 Rotating General	01911
									3 Straight Medicine	01932
									3 Straight Surgery	01933
Veterans Administration Hospital [1-3]-X13, 5700 E. 7th St., Long Beach 4, Calif.	Fed	1,600	14,202	Req	82	12	(108)	...	36 Rotating General	02811
Veterans Administration Hospital [1-3]-X13, Wilshire and Sawtelle Blvds., Los Angeles 25, Calif.	Fed	1,366	13,191	None	77	12-24	(109)	...	5 Straight Medicine	02832
									40 Rotating General	03911
Veterans Administration Hospital [1]-X22, 5998 Peachtree Rd., Atlanta, Ga.	Fed	300	5,797	....	68	12	(131)	...	10 Straight Medicine	11732
Veterans Administration Hospital [1-3]-X41, Southfield Road and Outer Dr., Dearborn, Mich.	Fed	1,113	8,293	Req	54	24	(170)	...	20 Rotating General	86511
Veterans Administration Hospital [1]-X63, Will Rogers Field, Oklahoma City, Okla.	Fed	220	3,038	None	78	12	(239)	...	7 Rotating General	58911
Veterans Administration Hospital [1]-X75, 99 White Bridge Rd., Nashville 5, Tenn.	Fed	600	6,592	None	76	12	(253)	...	4 Mix. Med. Surg.	70324
									4 Straight Medicine	70332
									4 Straight Surgery	70333
Veterans Administration Hospital [1-3]-X76, 4500 Lancaster Rd., Dallas 2, Texas	Fed	847	3,285	None	69	12	No	...	10 Straight Medicine	88732
Veterans Administration Hospital [1-3-4]-X78, 2002 Holcombe Blvd., Houston 31, Texas	Fed	808	6,816	Req	88	12	(256)	...	40 Rotating General	71911
Veterans Administration Hospital [1]-X76, McKinney, Texas	Fed	593	7,321	None	80	12	(255)	...	8 Straight Medicine	72032
									4 Straight Surgery	72033
Veterans Administration Hospital [1]-X79, 12th Ave. and "E" St., Salt Lake City 3, Utah	Fed	194	2,694	None	87	12	(259)	...	8 Rotating General	73311
									2 Straight Medicine	73332
Veterans Administration Hospital [1]-x82, Brood Rock Rd. and South Blvd., Richmond 19, Va.	Fed	1,017	6,874	Req	58	12	(263)	...	8 Straight Medicine	74332
Veterans Administration Hospital [1-3]-X83, 4435 Beacon Ave., Seattle 8, Wash.	Fed	264	3,816	Req	85	12	No	...	8 Straight Medicine	88332

NONFEDERAL

ALABAMA—Hospitals, 6; Internships, 78										
Birmingham Baptist Hospital [1-3], 708 Tuscaloosa Ave., and 2236 Highland Ave., Birmingham	Church	310	9,389	None	38	12	(100)	200	12 Rotating General	90311
Carraway Methodist Hospital [1-3], 2306 16th Ave. N., Birmingham 4	Church	233	9,302	Req	37	12	No	100	9 Rotating General	00611
Jefferson-Hillman Hospital [1-3-4]-X10, 619 South 19th St., Birmingham	State	600	23,695	Req	41	12	No	25	36 Rotating General	00711
St. Vincent's Hospital [1-3], 2701 Ninth Ct. S., Birmingham	NPAssn	200	7,188	Req	38	12	No	200	6 Rotating General	85111
Lloyd Noland Hospital [1-3], Fairfield	NPAssn	271	8,110	Req	46	12	No	125	12 Rotating General	00811
Holy Name of Jesus Hospital [1-3], Moragne Park, Gadsden	Church	145	6,251	Req	48	12	No	75	3 Rotating General	00911
ARIZONA—Hospitals, 5; Internships, 58										
Maricopa County General Hospital [1], 3435 West Apache Rd., Phoenix	County	346	7,634	Req	21	12	No	200	12 Rotating General	89811
Memorial Hospital [1-3], 1200 S. Fifth Ave., Phoenix	NPAssn	189	9,157	None	30	12	(101)	200	10 Rotating General	01311
St. Joseph's Hospital [1], W. Thomas Rd., Phoenix	Church	192	10,493	Req	46	12	(101)	175	15 Rotating General	01211
St. Mary's Hospital and Sanatorium [1-3], St. Mary's Rd., Tucson	Church	309	12,303	Req	40	12	(102)	150	9 Rotating General	01411
Tucson Medical Center [1-3], E. Grant Rd. and Beverly Blvd., Tucson	NPAssn	236	7,443	Req	62	12	(102)	100	12 Rotating General	01511

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
ARKANSAS—Hospitals, 3; Internships, 36										
Arkansas Baptist Hospital +[1-3] 1700 W. 13th St., Little Rock	Church	294	12,775	None	21	12	No	200	12 Rotating General	01611
St. Vincent Infirmary +[1-3] 1000 High St., Little Rock	Church	210	9,289	Req	26	12	No	200	12 Rotating General	01711
University Hospital +-**X11** 11th and McAlmont Sts., Little Rock	State	202	7,256	Req	86	12	No	120	12 Rotating General	01811
CALIFORNIA—Hospitals, 45; Internships, 772										
General Hospital of Riverside County +[1-2] 98-1 Magnolia Ave., Arlington	County	321	3,929	Req	49	12	No	100	8 Rotating General	85011
Herrick Memorial Hospital +[1-3-4] 2001 Dwight Way, Berkeley 4	NPAssn	208	8,715	Req	67	12	No	55	6 Rotating General	02011
San Joaquin General Hospital +[1-3] French Camp	County	720	9,148	Req	58	12	No	150	14 Rotating General	02111
General Hospital of Fresno County +[1-3-4] 4461 Ventura Ave., Fresno	County	639	10,285	Req	36	12	No	142	17 Rotating General	02211
Glendale Sanitarium and Hospital [1] 1509 E. Wilson Ave., Glendale 6	Church	225	10,032	Req	47	12	No	152	12 Rotating General	02311
Loma Linda Sanitarium and Hospital +[1-3]-**x12** Loma Linda	Church	166	5,543	Req	57	12	No	135	8 Rotating General	02411
St. Mary's Long Beach Hospital [3] 509 E. 10th St., Long Beach 13	Church	250	13,202	None	30	12	(105)	125	6 Rotating General	02611
Seaside Memorial Hospital +[1-3] 1401 Chestnut Ave., Long Beach 13	NPAssn	370	15,100	Req	28	12	(108)	50	12 Rotating General	02711
California Hospital +[1-3] 1414 S. Hope St., Los Angeles 15	Church	305	14,489	Req	44	12	(115)	125	13 Rotating General	02911
Cedars of Lebanon Hospital +[1-3] 4833 Fountain Ave., Los Angeles 29	NPAssn	310	12,397	Req	59	12	No	80	14 Rotating General	03011
Children's Hospital +[1-**X14-16**] 4614 Sunset Blvd., Los Angeles 27	NPAssn	202	7,810	Req	89	12	No	40	4 Straight Ped.	03134
Hospital of the Good Samaritan +[1-3] 1212 Shatto St., Los Angeles 17	Church	400	13,329	Req	39	12	(107)	90	12 Rotating General	03211
Los Angeles County Hospital +[1-4]-**X12-14** 1200 N. State St., Los Angeles 33	County	3,152	74,759	Req	30	12	No	75	130 Rotating General	03311
Methodist Hospital of Southern California +[1-3] 2826 S. Hope St., Los Angeles 7	Church	206	9,871	Req	31	12	No	125	12 Rotating General	03411
Presbyterian Hospital-Olmstead Memorial +[1-3] 1322 N. Vermont Ave., Los Angeles 27	Church	300	11,894	Req	41	12	(107)	...	14 Rotating General	03511
Queen of Angels Hospital +[1-3] 2301 Bellevue Ave., Los Angeles 26	Church	502	19,551	Req	60	12	No	75	20 Rotating General	03611
St. Vincent's Hospital [3] 2131 W. Third St., Los Angeles 5	Church	230	9,972	None	35	12	(107)	90	6 Rotating General	03711
Santa Fe Coast Lines Hospital + 610 S. St. Louis St., Los Angeles 23	NPAssn	196	4,759	Req	54	12	(107)	100	9 Rotating General	03811
White Memorial Hospital +[1-3]-**X12** 312 N. Boyle Ave., Los Angeles 33	Church	387	9,262	Req	51	12	(108)	127	16 Rotating General	04011
Highland-Alameda County Hospital +[1-3-4] 2701 14th Ave., Oakland 6	County	429	12,501	Req	40	12	(110)	75	32 Rotating General	04111
Kaiser Foundation Hospital +[1-3] 280 W. MacArthur Blvd., W., Oakland	NPAssn	315	13,214	Req	73	12	(116)	75	36 Rotating General	04211
Orange County General Hospital [1-3-4] 12071 Santa Ana Blvd., Orange	County	583	4,184	Req	36	12	No	173	14 Rotating General	04311
Collis P. and Howard Huntington Memorial Hospital +[1-3] 100 Congress St., Pasadena 5	NPAssn	293	13,299	Req	58	12	No	187.50	9 Rotating General	04411
St. Luke Hospital [1-3] 2632 E. Washington St., Pasadena 8	Church	165	9,488	Req	29	12	...	75	3 Rotating General	04511
Sacramento County Hospital +[1-3] Sacramento 17	County	470	11,941	Req	51	12	No	120	22 Rotating General	04611
San Bernardino County Charity Hospital +-**x12** 780 E. Gilbert St., San Bernardino	County	412	5,633	Req	56	12	No	130	13 Rotating General	04711
Mercy Hospital +[1-3] Hillcrest Dr., San Diego 3	Church	348	17,025	Req	41	12	...	150	10 Rotating General	04811
San Diego County General Hospital +[1-3-4] North Front St., San Diego 3	County	817	8,188	Req	40	12	No	125	15 Rotating General	04911
Children's Hospital +[1-3] 3700 California St., San Francisco 18	NPAssn	222	7,244	Req	56	12	No	75	9 Rotating General	05011
Franklin Hospital +[1-3] 14th and Noe Sts., San Francisco 14	NPAssn	250	8,222	None	42	12	No	100	16 Rotating General	05111
French Hospital +[1-3] 4131 Geary Blvd., San Francisco 18	NPAssn	225	6,492	Req	32	12	No	75	10 Rotating General	05211
Mary's Help Hospital +[1-3] 145 Guerrero St., San Francisco 3	Church	186	7,273	Req	36	12	No	75	6 Rotating General	05311
Mount Zion Hospital +[1-3-4] 1600 Divisadero, San Francisco 15	NPAssn	289	9,448	Req	67	12	No	75	13 Rotating General	05411
St. Joseph's Hospital +[1-3] Buena Vista Ave., San Francisco 17	Church	200	7,736	Req	37	12	No	75	6 Rotating General	05511
St. Luke's Hospital +[1-3] 1580 Valencia St., San Francisco 10	Church	229	8,227	Req	38	12	No	100	10 Rotating General	05611
St. Mary's Hospital +[1-3] 2200 Hayes St., San Francisco 17	Church	371	11,830	Req	43	12	No	100	15 Rotating General	05711
San Francisco Hospital +[1-**X14-15**] 22d St. and Pottero Ave., San Francisco 10 Stanford University Service Office of the Dean Stanford University School of Medicine 2398 Sacramento St., San Francisco 15	CyCo	1,203	20,781	Req	31	12	No	110	32 Rotating General	05911
University of California Service Dr. Henry D. Brainerd San Francisco Hospital									32 Rotating General	05811
Southern Pacific General Hospital +[1-3] 1400 Fell St., San Francisco 17	NPAssn	474	7,818	Req	61	12	(112)	100	24 Rotating General	06011
Stanford University Hospitals +[1-3]-**X15** Clay and Webster Sts., San Francisco 15 Office of the Dean Stanford University School of Medicine 2398 Sacramento St., San Francisco 15	NPAssn	355	11,225	Req	55	12	No	25	7 Straight Medicine 8 Straight Surgery 1 Straight Ped.	06132 06133 06134
University of California Hospital +[1-3]-**X16** Parnassus and Third Aves., San Francisco 22 Dr. John B. Larsen, Associate Dean School of Medicine, University of California San Francisco 22	State	280	8,299	Req	74	12	(111)	25	8 Rotating General 2 Mix. Med. Ob. Gyn. 2 Mix. Med. Surg. 2 Mix. Surg. Ped. 2 Mix. Ped. Ob. Gyn. 4 Straight Medicine 4 Straight Surgery 2 Straight Ped.	06211 06209 06224 06207 06208 06232 06233 06231

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
CALIFORNIA—Continued										
Santa Clara County Hospital [1] Los Gatos Rd., San Jose 14	County	457	5,964	Req	35	12	No	135	14 Rotating General	06311
Santa Barbara Cottage Hospital [1-3] 320 W. Pueblo St., Santa Barbara	NPAssn	220	6,756	Req	58	12	(114)	75	10 Rotating General	06411
St. John's Hospital [1] 1328 Twenty-Second St., Santa Monica	Church	193	10,508	Req	66	12	No	125	6 Rotating General	06511
Santa Monica Hospital [1-3] 1250 16th St., Santa Monica	Church	178	10,546	Req	35	12	(106)	125	8 Rotating General	06611
Harbor General Hospital [1-3]-**X13** 1124 W. Carson St., Torrance	County	775	9,279	Req	31	12	No	75	36 Rotating General	06711
COLORADO—Hospitals, 11; Internships, 120										
Glockner-Penrose Hospital [1-3] 2200 N. Tejon St., Colorado Springs	Church	215	5,078	Req	49	12	No	50	3 Rotating General	06811
General Rose Memorial Hospital [1-3] 1050 Clermont St., Denver 20	NPAssn	250	11,472	None	48	12	(120)	75	8 Rotating General	06911
Porter Sanitarium and Hospital [1] 2525 S. Downing St., Denver 10	Church	210	7,380	Req	42	12	(117)	162	7 Rotating General	07111
Presbyterian Hospital [1-3]-**X17** 19th and Gilpin, Denver 6	Church	200	8,581	Req	57	12	(118)	75	10 Rotating General	07211
St. Anthony Hospital [1-3] W. 16th and Quitman Sts., Denver 4	Church	235	10,130	Req	36	12	(120)	150	8 Rotating General	07311
St. Joseph's Hospital [1] 1818 Humboldt St., Denver 6	Church	375	11,595	None	50	12	No	75	12 Rotating General	07411
St. Luke's Hospital [1-3] 601 E. 19th Ave., Denver 3	Church	284	12,284	Req	50	12	(118)	75	14 Rotating General	07511
University of Colorado Medical Center Colorado General Hospital [1]-**X17** 4200 E. 9th Ave., Denver 20	State	332	6,215	None	71	12	No	50	16 Rotating General	07611
Denver General Hospital [1]-**X17** W. 6th Ave. and Sherokee St., Denver 4	CyCo	432	7,415	None	65	12	(119)	50	16 Rotating General 16 Community Rot.	07711 07710
Weld County General Hospital [1-3] 1801 16th St., Greeley	County	220	4,717	Req	51	12	(120)	100	6 Rotating General	83311
Corwin Hospital [1-3] Lake and Minnequa Aves., Pueblo	NPAssn	206	5,947	Req	40	12	No	100	4 Mix. Med. Ob. Gyn. Surg.	07822
CONNECTICUT—Hospitals, 20; Internships, 182										
Bridgeport Hospital [1-3] 267 Grant St., Bridgeport 8	NPAssn	382	13,005	Req	35	12	No	100	10 Rotating General	07911
St. Vincent's Hospital [1-3] 2820 Main St., Bridgeport 6	Church	370	14,531	Req	27	12	No	100	12 Rotating General	08011
Danbury Hospital [2] Locust Ave., Danbury	NPAssn	167	5,498	None	56	12	No	200	5 Rotating General	08111
Greenwich Hospital [1-3] Lake Ave. and William St., Greenwich	NPAssn	193	6,064	Req	65	12	No	100	3 Rot. (Med.-Major) 2 Rot. (Surg.-Major)	08212 08213
Hartford Hospital [1-3-4] 80 Seymour St., Hartford 15	NPAssn	810	27,033	Req	61	24	No	...	18 Rotating General	08311
McCook Memorial Hospital [1-3] 2 Holcomb St., Hartford 5	City	273	4,092	Req	41	12	No	110	6 Rotating General	08411
Mount Sinai Hospital [3] 509 Blue Hills Ave., Hartford 12	NPAssn	115	5,065	Req	25	12	No	200	4 Rotating General	85411
St. Francis Hospital [1-3] 114 Woodland St., Hartford 5	Church	570	19,886	Req	34	12	(122)	75	13 Rotating General	08511
Manchester Memorial Hospital [1-3] 71 Haynes St., Manchester	NPAssn	160	5,979	Req	38	12	(121)	275	4 Rotating General	85511
Meriden Hospital [1-3] 181 Cook Ave., Meriden	NPAssn	217	7,203	None	39	12	No	100	2 Rotating General	08611
Middlesex Hospital [1-3] 28 Crescent St., Middletown	NPAssn	150	7,090	None	46	12	No	200	4 Rotating General	08711
New Britain General Hospital [1-3] 92 Grand St., New Britain	NPAssn	260	9,686	Req	54	12	No	105	9 Rotating General	08811
Grace-New Haven Community Hospital [1-3-4]-**X18** 789 Howard Ave., New Haven 4	NPAssn	671	22,055	Req	47	12	(123)	25	8 Rotating General 12 Straight Medicine 12 Straight Surgery 7 Straight Ped.	08911 08932 08933 08934
Hospital of St. Raphael [3] 1442 Chapel St., New Haven 11	Church	370	12,826	Req	30	12	No	75	12 Rotating General	09011
Lawrence and Memorial Associated Hospital [1-3] 365 Montauk Ave., New London	NPAssn	233	8,414	None	25	12	No	200	4 Rotating General	09211
Norwalk Hospital [1-3] 24 Stevens St., Norwalk	NPAssn	245	9,164	Req	42	12	No	100	8 Rotating General	09311
William W. Backus Hospital [3] 326 Washington St., Norwich	NPAssn	146	6,400	None	24	12	No	150	3 Rotating General	09411
Stamford Hospital [1-3] 194 W. Broad St., Stamford	NPAssn	232	8,999	Req	52	12	No	150	10 Rotating General	09511
St. Mary's Hospital [1-3-4] 56 Franklin St., Waterbury 6	Church	332	13,596	Req	29	12	No	100	7 Rotating General	09611
Waterbury Hospital [1-4] 64 Robbins St., Waterbury 8	NPAssn	337	11,807	Req	56	12	No	100	7 Rotating General	09711
DELAWARE—Hospitals, 3; Internships, 28										
Delaware Hospital [1-3-4] 501 W. 14th St., Wilmington 1	NPAssn	377	12,442	None	70	12	No	150	14 Rotating General	09811
Memorial Hospital [1-3]-**x65** 1901 Van Buren St., Wilmington 6	NPAssn	228	6,326	Req	54	12	No	150	8 Rotating General	09911
Wilmington General Hospital [1-3] Chestnut at Broom St., Wilmington 5	NPAssn	187	6,511	Req	39	12	No	150	6 Rotating General	10011
DISTRICT OF COLUMBIA—Hospitals, 9; Internships, 148										
Central Dispensary and Emergency Hosp. [1-4]-**x20** 1711 New York Ave., N. W., Washington 6	NPAssn	300	8,314	Req	53	12	(125)	200	13 Rotating General	79011
Doctors Hospital [1-3] 1815 Eye St., N. W., Washington 6	Corp	237	10,486	None	65	12	No	200	6 Rotating General	79711
Gallinger Municipal Hospital [1-3-4]-**X15-20-x21** 19th and Massachusetts Ave., S.E., Washington 3	City	1,416	19,904	Req	37	12	No	75	50 Rotating General	79911
Garfield Memorial Hospital [1-3] 10th and Florida Ave., N. W., Washington 1	NPAssn	300	9,575	Req	64	12	No	150	12 Rotating General	80011
Georgetown University Hospital [1-3]-**X19** 3800 Reservoir Rd., N. W., Washington 7	Church	367	11,832	Req	62	62	(261)	50	12 Straight Medicine	80132
George Washington University Hospital [1-3]-**X19-20** 901 23d St., N.W., Washington 7	NPAssn	410	14,217	Req	65	12	(124)	105	13 Rot. (Med.-Major) 11 Rot. (Surg.-Major) 2 Rot. (Path.-Major)	80212 80213 80286

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
DISTRICT OF COLUMBIA—Continued										
Providence Hospital +[1-3,4] 2d and D Sts., S. E., Washington 3	Church	275	12,470	Req	54	12	No	175	12 Rotating General	80311
Sibley Memorial Hospital +[1-3] 1150 N. Capitol, Washington 2	Church	253	11,483	Req	48	12	No	100	9 Rotating General	80511
Washington Sanitarium and Hospital [1-3] 7600 Carroll Ave., Washington 12	Church	226	6,926	Req	42	12	(155)	135	8 Rotating General	25411
FLORIDA—Hospitals, 9; Internships, 108										
Duval Medical Center +[1-3] 2000 Jefferson St., Jacksonville 8	County	330	7,012	Req	46	12	No	125	14 Rotating General	10111
St. Luke's Hospital +[1] 9th St. and Boulevard, Jacksonville 8	NPAssn	210	9,970	Req	22	12	No	175	4 Rotating General	10211
St. Vincent's Hospital +[1-3] Barrs and St. John's Ave., Jacksonville 4	Church	236	13,003	Req	38	12	No	125	9 Rotating General	10311
Jackson Memorial Hospital +[1] 1600 N. W. 17th St., Miami 36	County	577	19,087	Req	44	12	(275)	50	42 Rotating General	10411
Mount Sinai Hospital +[1-3] 4300 Alton Rd., Miami Beach 40	NPAssn	258	7,935	Req	34	12	(128)	No	10 Rotating General	10511
St. Francis Hospital +[1-3] 63d St. and Allison Rd., Miami Beach 41	Church	200	5,701	Req	34	12	No	100	5 Rotating General	10611
Orange Memorial Hospital +[1-3] 1416 S. Kuhl Ave., Orlando	NPAssn	296	11,653	Req	44	12	No	100	12 Rotating General	10711
Mound Park Hospital + 6th St. and 7th Ave., S., St. Petersburg 5	NPAssn	244	3,800	Req	43	12	(127)	175	8 Rotating General	91111
St. Mary's Hospital 900 40th St., West Palm Beach	Church	150	4,551	None	..	12	...	...	4 Rotating General	91411
GEORGIA—Hospitals, 11; Internships, 175										
Athens General Hospital 797 Cobb St., Athens	County	104	4,092	Req	16	12	(129)	150	4 Rotating General	85611
St. Mary's Hospital [1-3] 360 N. Milledge Ave., Athens	Church	100	4,012	Req	28	12	No	150	3 Rotating General	11011
Crawford W. Long Memorial Hospital +[1-3]-X22 35 Linden Ave., N. E., Atlanta 3	Church	480	22,476	Req	38	12	(130)	75	18 Rotating General	11111
Georgia Baptist Hospital +[1-3] 300 Boulevard, N. E., Atlanta	Church	389	12,993	Req	33	12	No	230	18 Rotating General	11211
Grady Memorial Hospital +[1-3]-X22 36 Butler St., S. E., Atlanta 3	County	610	16,045	Req	66	12	No	10	24 Straight Medicine 16 Straight Surgery 8 Straight Ped. 12 Rotating General [6]	11332 11333 11334 11381
Piedmont Hospital +[1]-X22 551 Capitol Ave., Atlanta	NPAssn	150	6,516	None	53	12	(130)	150	8 Rotating General	11411
St. Joseph's Infirmary +[1-3] 272 Courtland St., N. E., Atlanta 3	NPAssn	150	8,236	Req	51	12	(130)	150	6 Rotating General	11511
University Hospital +[1-3]-X23 University Pl., Augusta	City	479	15,963	Req	25	12	(132)	150	24 Rotating General	11611
Columbus City Hospital +[1] 19th St. and 8th Ave., Columbus	City	223	10,082	Req	30	12	No	200	10 Rotating General	11811
Emory University Hospital +[1-3]-X22 Emory University	NPAssn	281	11,010	Req	53	12	No	145	6 Straight Medicine 6 Straight Surgery	11932 11933
Macon Hospital +[1] 840 Pine St., Macon	CyCo	282	14,315	Req	32	12	(133)	200	12 Rot. (Gen. Prac.-Maj.)	12081
ILLINOIS—Hospitals, 59; Internships, 781										
MacNeal Memorial Hospital +[1-3] 3249 S. Oak Park Ave., Berwyn	NPAssn	165	8,850	Req	35	12	No	100	10 Rotating General	12111
Alexian Brothers Hospital +[3] 1200 W. Belden Ave., Chicago 14	Church	250	5,998	Req	47	12	(138)	75	7 Rotating General	12211
American Hospital +[1-3] 850 W. Irving Park Rd., Chicago 13	NPAssn	152	5,426	None	31	12	No	25	5 Rotating General	12311
Augustana Hospital +[1-3] 411 W. Dickens Ave., Chicago 14	Church	320	8,815	Req	54	12	No	100	10 Rotating General	12411
Chicago Memorial Hospital +[1-3]-X24 660 E. Grovelland Park, Chicago 16	NPAssn	100	2,410	None	73	12	(134)	150	5 Rotating General	12511
Columbus Hospital +[3]-X23 2520 N. Lakeview Ave., Chicago 14	Church	450	9,723	Req	54	12	(137)	75	20 Rotating General	12611
Cook County Hospital +[1-3]-X24-25-26-28 1825 W. Harrison St., Chicago 12	County	3,300	67,670	Req	21	24	No	25	123 Rotating General	12711
Edgewater Hospital [3] 5700 N. Ashland, Chicago 26	NPAssn	156	6,780	Req	46	12	No	100	15 Rotating General	12811
Englewood Hospital +[3] 6600 S. Green St., Chicago 21	NPAssn	156	6,452	None	40	12	No	150	5 Rotating General	12911
Evangelical Hospital [1-3] 5421 S. Morgan St., Chicago 9	Church	195	8,039	None	22	12	No	100	7 Rotating General	13011
Garfield Park Community Hospital [1] 3843-55 W. Washington Blvd., Chicago 24	NPAssn	150	6,053	None	36	12	(140)	175	7 Rotating General	13111
Grant Hospital +[1-3]-X25 551 Grant Pl., Chicago 14	NPAssn	242	8,378	Req	65	12	(135)	100	9 Rotating General	13211
Henrotin Hospital +[1-3] 509 N. La Salle, Chicago 10	NPAssn	100	3,351	Req	59	12	No	125	4 Rotating General	13311
Holy Cross Hospital [2] 2700 W. 68th St., Chicago 29	Church	143	5,877	Req	56	12	No	100	6 Rotating General	13411
Hospital of St. Anthony de Padua +[1] 2875 W. 19th St., Chicago 23	Church	217	7,801	None	39	12	No	200	9 Rotating General	13511
Illinois Central Hospital +[1-3]-X28 5800 Stony Island Ave., Chicago 37	NPAssn	270	7,500	Req	48	12	(139)	155	12 Rotating General	13611
Illinois Masonic Hospital +[1-3] 836 Wellington Avenue, Chicago 14	NPAssn	350	13,073	Req	42	12	No	75	12 Rotating General	13711
Jackson Park Hospital [1-3] 7531 Stony Island Ave., Chicago 49	Corp	146	4,974	None	30	12	No	150	6 Rotating General	13811
Loretto Hospital +[1-3]-X26 645 S. Central Ave., Chicago 44	Church	142	6,362	None	65	12	No	150	6 Rotating General	13911
Lutheran Deaconess Hospital +[3] 1138 N. Leavitt St., Chicago 22	Church	186	7,320	Req	27	12	No	100	5 Rotating General	14011
Mercy Hospital +[1-3]-X26 2537 S. Prairie Ave., Chicago 16	Church	352	9,235	Req	45	12	No	100	18 Rotating General	14111
Michael Reese Hospital +[1-3]-X25 29th St. and Ellis Ave., Chicago 16	NPAssn	716	19,870	Req	62	12	(143)	50	37 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Ped.	14211 14232 14233 14234
Mother Cabrini Memorial Hospital [3] 1200 W. Cabrini St., Chicago 7	Church	130	5,247	Req	54	12	No	100	5 Rotating General	14311

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
ILLINOIS—Continued										
Mount Sinai Hospital [1-3]-**X24** 2750 W. 15th Pl., Chicago 8	NPAssn	296	11,105	OP	43	12	No	50	12 Rotating General	14411
									2 Rot. (Surg.-Major)	14413
Norwegian American Hospital [1-3] 1044 N. Francisco Ave., Chicago 22	NPAssn	174	6,563	None	29	12	No	150	6 Rotating General	14511
Passavant Memorial Hospital [1-3]-**X25** 303 E. Superior St., Chicago 11	NPAssn	265	7,649	Req	65	12	(136)	25	11 Rotating General	14611
Presbyterian Hospital [1-3]-**X28** 1753 W. Congress St., Chicago 12	NPAssn	450	14,303	Req	66	12	No	100	22 Rotating General	14711
Provident Hospital [1-3] 426 E. 51st St., Chicago 15	NPAssn	205	.....	Req	42	12	No	100	9 Rotating General	14811
									1 Straight Surgery	14833
Ravenswood Hospital [1-3] 1931 Wilson Ave., Chicago 40	NPAssn	207	7,780	Req	67	12	No	70	8 Rotating General	14911
									1 Rot. (Surg.-Major)	14913
									1 Rot. (Ob.-Gyn.-Maj.)	14915
									1 Straight Medicine	14932
									1 Straight Surgery	14933
St. Anne's Hospital [1-3]-**X26** 4909 Thomas St., Chicago 51	Church	294	12,220	None	30	12	No	150	12 Rotating General	15211
St. Bernard's Hospital [1-3] 6337 S. Harvard Ave., Chicago 21	Church	181	5,323	None	27	12	No	150	8 Rotating General	15311
St. Elizabeth Hospital [3]-**X26** 1431 N. Claremont Ave., Chicago 22	Church	369	9,977	None	29	12	No	125	8 Rotating General	15411
St. Joseph Hospital [1-3]-**X26** 2100 N. Burling, Chicago 14	Church	197	5,824	Req	42	12	No	100	8 Rotating General	15511
St. Luke's Hospital [1-3]-**X25-28** 1439 S. Michigan Ave., Chicago 5	NPAssn	566	14,959	None	65	12	No	25	36 Rotating General	15611
St. Mary of Nazareth Hospital [3] 1120 N. Leavitt St., Chicago 22	Church	263	9,250	Req	33	12	No	200	10 Rotating General	15711
South Chicago Community Hospital [1-3] 2320 E. 93d St., Chicago 17	NPAssn	242	9,641	Req	26	12	No	200	8 Rotating General	15811
Swedish Covenant Hospital [3] 5145 N. California, Chicago 25	Church	187	6,454	None	33	12	No	150	8 Rotating General	15911
University of Chicago Clinics [1-3-4]-**X27** 950 E. 59th St., Chicago 37	NPAssn	542	13,871	Req	72	12	No	125	36 Rotating General	16011
									3 Straight Ped.	16034
University of Illinois Research and Educational Hospitals [4]-**X28** 1819 W. Polk St., Chicago 12	State	437	5,877	Req	87	12	No	25	30 Rotating General	15011
Walther Memorial Hospital [1-3] 1116 N. Kedzie Ave., Chicago 51	Church	175	6,465	Req	36	12	No	100	6 Rotating General	16111
Wesley Memorial Hospital [1-3]-**X25** 250 E. Superior St., Chicago 11	Church	572	15,111	Req	68	12	(135)	25	32 Rotating General	16211
Women and Children's Hospital [2-3] 1990 W. Maypole Ave., Chicago 12	NPAssn	115	3,530	Req	44	12	No	60	4 Rotating General	16311
Woodlawn Hospital [1-3] 6061 Drexel Ave., Chicago 37	Corp	140	4,109	Req	62	12	No	150	4 Rotating General	16411
Decatur and Macon County Hospital [1] 2300 N. Edward, Decatur	NPAssn	248	8,916	Req	24	12	(112)	125	4 Rotating General	85711
St. Mary's Hospital [1-3] 129 N. Eighth, East St. Louis	Church	290	9,305	Req	29	12	No	150	10 Rotating General	16511
Memorial Hospital [1-3] Avon and Schiller Sts., Elmhurst	NPAssn	186	8,890	None	39	12	No	200	4 Rotating General	16611
									1 Rot. (Med.-Major)	16612
									1 Rot. (Surg.-Major)	16613
									1 Rot. (Ped.-Major)	16614
									1 Rot. (Ob.-Gyn.-Major)	16615
Evanston Hospital [1]-**X25** 2650 Ridge Ave., Evanston	NPAssn	335	9,925	Req	78	12	(135)	25	18 Rotating General	16711
St. Francis Hospital [1-3] 355 Ridge Ave., Evanston	Church	383	13,873	Req	55	12	No	125	16 Rotating General	16811
Little Company of Mary Hospital [1-3]-**X26** 95th and California Ave., Evergreen Park 42	Church	371	17,428	Req	28	12	No	150	15 Rotating General	16911
St. Joseph's Hospital [3] 372 N. Broadway, Joliet	NPAssn	300	10,584	Req	20	12	No	100	6 Rotating General	17011
Moline Public Hospital [1-3] 622 5th Ave., Moline	City	198	9,551	Req	28	12	No	100	8 Rotating General	17111
Oak Park Hospital [1] 525 Wisconsin Ave., Oak Park	Church	146	5,603	None	23	12	No	100	4 Rotating General	17211
West Suburban Hospital [3]-**X28** 518 N. Austin Blvd., Oak Park	NPAssn	327	12,724	Req	44	12	No	100	12 Rotating General	17311
Methodist Hospital of Central Illinois [1-3] 221 N. Glen Oak Ave., Peoria	Church	260	9,325	None	34	12	No	125	15 Rotating General	17411
St. Francis Hospital [1-3] 530 N. Glen Oak Ave., Peoria 4	Church	572	17,705	Req	37	12	No	75	18 Rotating General	17511
Rockford Memorial Hospital [1-3] 507 Chestnut St., Rockford	NPAssn	129	5,639	None	57	12	No	150	4 Rotating General	17711
St. Anthony Hospital [1-3] 1461 E. State St., Rockford	Church	240	8,983	Req	45	12	No	100	4 Rotating General	17811
Swedish-American Hospital [3] 1316 Charles St., Rockford	NPAssn	200	7,818	Req	48	12	No	150	6 Rotating General	17911
Memorial Hospital [1-3] 1st and Miller Sts., Springfield	NPAssn	270	7,060	None	34	12	No	175	4 Rotating General	18011
INDIANA—Hospitals, 17; Internships, 191										
St. Francis Hospital [1] N. 17th Ave., Beech Grove	Church	170	8,121	None	30	12	No	215	4 Rotating General	85811
St. Catherine Hospital [1] 4321 Fir St., East Chicago	Church	311	10,059	None	37	12	No	125	7 Rotating General	18111
Protestant Deaconess Hospital [1] 600-700 Mary St., Evansville 10	Church	260	12,007	Req	31	12	No	150	4 Rotating General	18211
Lutheran Hospital [1] 3024 Fairfield, Fort Wayne 6	Church	210	7,088	Req	27	12	No	200	4 Rotating General	18311
St. Joseph Hospital [1] 730 N. Berry St., Fort Wayne 2	Church	270	11,763	None	30	12	No	225	8 Rotating General	90411
Methodist Hospital [1] 1600 W. 6th Ave., Gary	Church	242	10,964	None	29	12	No	150	8 Rotating General	86011
St. Mary's Mercy Hospital 540 Tyler St., Gary	Church	250	9,298	Req	29	12	No	150	8 Rotating General	18411
St. Margaret Hospital [1] 25 Douglas St., Hammond	Church	260	12,345	None	23	12	No	150	10 Rotating General	18511
Indianapolis General Hospital [1-4]-**X29** 960 Locke St., Indianapolis 7	City	682	10,337	Req	37	12	(144)	90	40 Rotating General	18611
Indiana University Medical Center [1-4]-**X29** 1040-1232 W. Michigan St., Indianapolis 7	State	522	12,768	None	73	12	No	100	26 Rotating General	18711
									4 Straight Surgery	18733
Methodist Hospital [1] 1604 N. Capitol Ave., Indianapolis 7	Church	623	25,875	Req	36	12	No	210	24 Rotating General	18811
St. Vincent's Hospital [1] 120 W. Fall Creek Blvd., Indianapolis 7	Church	300	12,645	Req	53	12	No	210	11 Rotating General	18911

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
INDIANA—Continued										
St. Elizabeth Hospital +[1-3] 1021 N. 14th St., Lafayette	Church	305	9,235	Req	38	12	No	150	12 Rotating General	19011
St. Joseph Hospital [1] 215 W. Fourth St., Mishawaka	Church	120	4,691	Req	27	12	No	150	3 Rotating General	19111
Ball Memorial Hospital +[1-3] 2401 University Ave., Muncie	NPAssn	248	9,984	Req	30	12	No	150	6 Rotating General	19211
Memorial Hospital +[1] 604 N. Main St., South Bend 1	NPAssn	218	9,922	Req	47	12	No	150	6 Rotating General	19311
St. Joseph's Hospital [1] 401 N. Notre Dame Ave., South Bend 17	Church	171	7,132	Req	40	12	(145)	125	6 Rotating General	19411
IOWA—Hospitals, 11; Internships, 92										
Mercy Hospital [1-3] 855 Sixth Ave., S. E., Cedar Rapids	Church	206	8,551	None	38	12	No	200	4 Rotating General	19611
St. Luke's Methodist Hospital +[1-3] 1026 A Ave., N. E., Cedar Rapids	Church	295	10,850	Req	37	12	No	125	6 Rotating General	19711
Mercy Hospital [1] 420 E. Washington Ave., Council Bluffs	Church	186	6,019	Req	23	12	No	100	6 Rotating General	19811
Mercy Hospital [1-3] 1236 W. Lombard St., Davenport	Church	255	9,045	Req	26	12	No	150	6 Rotating General	85911
Broadlawns, Polk County Hospital +[1-3] 18th and Hickman Rd., Des Moines 14	County	161	4,479	Req	54	12	No	130	12 Rotating General	19911
Iowa Lutheran Hospital [1-3] 716 Parnell Ave., Des Moines 16	Church	200	6,979	Req	33	12	No	125	8 Rotating General	20011
Iowa Methodist Hospital +[1-3] 1200 Pleasant St., Des Moines	Church	392	14,271	Req	41	12	No	100	10 Rotating General	20111
Mercy Hospital +[1-3] 5th and Ascension Sts., Des Moines 14	Church	190	9,192	Req	83	12	(146)	150	8 Rotating General	20211
Mercy Hospital +[1-3] 214 N. Van Buren, Iowa City	Church	190	5,854	Req	35	12	No	150	4 Rot. (Surg.-Major)	86113
University Hospitals +[1-3-½-X30] Newton Rd., Iowa City	State	896	17,985	Req	68	12	No	60	20 Rotating General	20311
St. Joseph Mercy Hospital 2101 Court St., Sioux City 5	Church	450	10,386	Req	15	12	No	175	8 Rotating General	20411
KANSAS—Hospitals, 7; Internships, 81										
Bethany Hospital [1-3] 12th and Reynolds Ave., Kansas City 7	Church	150	7,363	None	48	12	No	150	6 Rotating General	20511
Providence Hospital [1] 18th and Barnett, Kansas City 2	Church	150	6,732	Req	46	12	(193)	100	6 Rotating General	20611
St. Margaret Hospital + 8th St. and Vermont Ave., Kansas City 8	Church	194	5,820	Req	45	12	No	125	6 Rotating General	20711
University of Kansas Medical Center +[1-3-½-X31] 39th and Rainbow Blvd., Kansas City	State	488	10,900	Req	67	12	No	25	30 Rotating General	20811
St. Francis Hospital +[1-3] 928 N. Emporia Ave., Wichita 5	Church	465	18,268	Req	44	12	(147)	125	15 Rotating General	20911
Wesley Hospital +[1-3] 550 N. Hillside, Wichita 6	Church	390	15,329	Req	41	12	(147)	100	12 Rotating General	21011
Wichita-St. Joseph Hospital [1-3] 3400 Grand Ave., Wichita 17	Church	250	9,634	Req	25	12	(147)	150	6 Rotating General	21111
KENTUCKY—Hospitals, 10; Internships, 103										
St. Elizabeth Hospital [1-3] 21st and Eastern Ave., Covington	Church	304	11,227	Req	38	12	No	200	12 Rotating General	21211
William Booth Memorial Hospital [1-3] 323 E. 2d Street, Covington	Church	128	5,266	Req	21	12	No	200	6 Mix. Med. Ob. Gyn. Surg.	21322
Good Samaritan Hospital +[1-3] 310 S. Limestone, Lexington	Church	300	11,489	Req	31	12	No	150	12 Rotating General	21411
St. Joseph Hospital +[1-3] 544 W. 2d St., Lexington	Church	314	10,804	Req	43	12	No	100	8 Rotating General	21511
Kentucky Baptist Hospital [1] 810 Barret Ave., Louisville 4	Church	345	12,104	Req	22	12	(148)	200	10 Rotating General	21611
Louisville General Hospital +[1-3-½-X32] 323 E. Chestnut St., Louisville	CyCo	372	10,030	Req	49	12	(149)	50	20 Rotating General 2 Straight Medicine 2 Straight Ped. 6 Rotating General	21711 21732 21734 21811
Norton Memorial Infirmary +[1-3] 231 W. Oak St., Louisville 3	NPAssn	280	10,379	None	32	12	No	150	5 Rotating General	21911
St. Anthony Hospital [1-3] 1313 St. Anthony Pl., Louisville 4	Church	220	8,214	None	30	12	No	200	5 Rotating General	21911
St. Joseph Infirmary +[1-3] 735 Eastern Parkway, Louisville 8	Church	448	16,657	Req	40	12	(150)	150	16 Rotating General	22011
SS. Mary and Elizabeth Hospital [2] 1307 S. 12th St., Louisville 10	Church	175	8,499	Req	31	12	(151)	...	4 Rotating General	22111
LOUISIANA—Hospitals, 10; Internships, 234										
Baptist Hospital +[1-3] 327 3d St., Alexandria	Church	224	7,938	Req	30	12	(153)	125	4 Rotating General	22211
Baton Rouge General Hospital +[1] 3600 Florida St., Baton Rouge 9	Church	250	11,506	Req	37	12	No	100	5 Rotating General	22311
Charity Hospital of Louisiana +[1-3-½-X33-34] 1532 Tulane Ave., New Orleans 12	State	3,222	62,704	Req	58	12	No	10	130 Rotating General	22411
Hotel Dieu, Sisters Hospital +[1-3] 2004 Tulane Ave., New Orleans 16	Church	292	13,594	Req	36	12	No	150	10 Rotating General	22511
Mercy Hospital 301 N. Jefferson Davis Pkwy., New Orleans 19	Church	125	5,633	Req	28	12	No	150	8 Rotating General	22611
Southern Baptist Hospital +[1-3] 2700 Napoleon Ave., New Orleans 15	Church	500	34,800	Req	37	12	No	100	16 Rotating General	22811
Touro Infirmary +[1-3-½-X34] 3556 Prytania St., New Orleans 15	NPAssn	452	16,442	Req	55	12	No	20	20 Rotating General	22911
Confederate Memorial Medical Center +[1] 1240 Texas Ave., Shreveport	State	888	16,258	Req	32	12	No	20	36 Rotating General	23211
North Louisiana Sanitarium [1] 1130 Louisiana Ave., Shreveport	Corp	135	4,900	Req	45	12	(154)	200	1 Rotating General 1 Rot. (Med.-Major) 1 Rot. (Surg.-Major)	23011 23012 23013
T. E. Schumpert Memorial Hospital [1] 941 Margaret Pl., Shreveport 15	NPAssn	107	6,240	Req	42	12	No	250	2 Rot. (Surg.-Major)	23113
MAINE—Hospitals, 4; Internships, 27										
Eastern Maine General Hospital +[1-3] 489 State St., Bangor	NPAssn	294	9,206	Req	37	12	No	75	8 Rotating General	23311
Central Maine General Hospital +[1-3] 300 Main St., Lewiston	NPAssn	221	6,868	Req	66	12	No	100	4 Rotating General	23411
St. Mary's General Hospital [1-3] 318 Sabattus St., Lewiston	Church	150	4,583	Req	26	12	No	80	3 Rotating General	25311

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MAINE—Continued										
Maine General Hospital ✦[1] 22 Arsenal St., Portland 4	NPAssn	341	8,831	Req	40	12	No	50	12 Rotating General	23611
MARYLAND—Hospitals, 18; Internships, 248										
Baltimore City Hospitals ✦[1-3-4]-**x35-X36** 4940 Eastern Ave., Baltimore 24	City	1,460	7,441	Req	54	12	No	50	12 Rotating General 6 Straight Medicine 6 Straight Ped.	23711 23732 23734
Bon Secours Hospital ✦[3] 2025 W. Fayette St., Baltimore 23	Church	168	6,393	Req	24	12	No	200	6 Rotating General	23811
Church Home and Hospital ✦[1-3] Broadway and Fairmount Ave., Baltimore 31	Church	173	5,605	Req	46	12	(157)	175	8 Rotating General 1 Straight Medicine	23911 23932
Franklin Square Hospital ✦[1-3] 110 North Calhoun St., Baltimore 23	NPAssn	162	4,270	Req	30	12	No	100	8 Rotating General	24011
Hospital for Women ✦[1-3] Lafayette Ave. and John St., Baltimore 17	NPAssn	141	6,263	Req	56	12	(157)	50	3 Mix. Med. Ob. Gyn.	24109
Johns Hopkins Hospital ✦[1-3-4]-**X35** 601 N. Broadway, Baltimore 5	NPAssn	980	21,072	Req	66	12	(156)	...	14 Straight Medicine 10 Straight Medicine Private Ward 14 Straight Surgery 17 Straight Ped.	24232 24238 24233 24234
Lutheran Hospital ✦[1-3] 739 Ashburton St., Baltimore 16	Church	187	7,411	Req	49	12	No	100	7 Rotating General	24311
Maryland General Hospital ✦[1-3] Linden Ave. and Madison St., Baltimore 1	Church	229	6,717	Req	23	12	No	75	8 Rotating General	24411
Mercy Hospital ✦[1]-**X35** Calvert and Saratoga Sts., Baltimore 2	Church	299	10,386	Req	42	12	(159)	225	16 Rotating General	24511
St. Agnes Hospital ✦[1-2] Wilkens and Caton Aves., Baltimore 29	Church	219	7,854	Req	17	12	(157)	100	12 Rotating General	24711
St. Joseph's Hospital ✦[1-3-4] 1400 N. Caroline St., Baltimore 13	Church	250	7,264	Req	23	12	No	150	8 Rotating General	24811
Sinai Hospital ✦[1-3-4]-**x35** 1714 E. Monument St., Baltimore 5	NPAssn	313	11,560	Req	55	12	No	75	16 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Ped.	24911 24932 24933 24934
South Baltimore General Hospital ✦[1-3] 1213 Light St., Baltimore 30	NPAssn	154	6,134	Req	33	12	No	140	6 Rotating General	25011
Union Memorial Hospital ✦[1-3] 33d and Calvert Sts., Baltimore 18	NPAssn	342	9,628	Req	50	12	No	50	16 Rotating General	25111
University Hospital ✦[1-3-4]-**X36** Redwood and Greene Sts., Baltimore 1	State	435	11,226	Req	49	12	No	25	36 Rotating General	25211
Suburban Hospital [1-3] 8600 Georgetown Rd., Bethesda 14	NPAssn	115	5,405	Req	40	12	No	150	3 Rotating General	80211
Prince George's General Hospital [1-3]-**x19** Cheverly	County	235	8,081	Req	42	12	No	150	8 Rotating General	90511
Washington County Hospital ✦[1-3] King St., Hagerstown	NPAssn	249	7,562	None	20	12	No	200	4 Rotating General	25311
MASSACHUSETTS—Hospitals, 37; Internships, 336										
Beverly Hospital ✦[1-3] Heather and Herrick Sts., Beverly	NPAssn	186	5,802	Req	69	12	No	50	6 Rotating General	25511
Beth Israel Hospital ✦[1-3-4]-**X33-39** 330 Brookline Ave., Boston 15	NPAssn	362	9,916	Req	65	12	(248)	25	6 Straight Medicine 5 Straight Surgery 1 Straight Ped.	25632 25633 25634
Boston City Hospital ✦[1-3-4]-**X37-38-39** 818 Harrison Ave. Boston 18 Chrm. Com. Internship Exams	City	2,306	36,675	Req	35	12	No	92		
	I and III	Medical Tufts							16 Straight Medicine	25793
	II and IV	Medical Harvard							16 Straight Medicine	25794
	V and VI	Medical Boston Univ.							16 Straight Medicine	25795
	I	Surgical Tufts							8 Straight Surgery	25796
	III	Surgical Boston Univ.							8 Straight Surgery	25798
	V	Surgical							8 Straight Surgery	25701
		Straight Specialties Boston Univ.							4 Straight Ped.	25704
Carney Hospital ✦[1-3]-**X39** 16-30 Old Harbor St., Boston 27	Church	216	6,303	Req	36	12	(166)	100	9 Rotating General	25811
Children's Medical Center ✦[1-3-4]-**X38** 300 Longwood Ave., Boston 15	NPAssn	329	9,641	Req	87	12	(163)	...	4 Straight Ped.	25934
Faulkner Hospital ✦[1-3] 1153 Centre St., Boston 30	NPAssn	144	4,063	None	59	12	No	50	3 Mix. Med. Surg. Ob. Gyn.	26022
Massachusetts General Hospital ✦[1-3-4]-**X38** Fruit St., Boston 14	NPAssn	966	20,799	Req	60	12	(165)	...	12 Straight Medicine 8 Straight Surgery 6 Straight Ped.	26132 26133 26134
Massachusetts Memorial Hospitals ✦[1-3-4]-**X37** 750 Harrison Ave., Boston 18	NPAssn	360	7,406	Req	52	12	(160)	...	10 Straight Medicine 6 Straight Surgery	26232 26233
New England Center Hospital ✦[1-3]-**X39** Harrison Ave. and Bennet St., Boston 11	NPAssn	186	6,325	Req	67	12	(162)	42	10 Straight Medicine 8 Straight Surgery	26332 26333
New England Hospital ✦[1-3-5]-**x39** Dimock St. and Humbus Ave., Boston 19	NPAssn	135	4,253	Req	32	12	(161)	35	3 Rotating General	26411
Peter Bent Brigham Hospital ✦[1-3-4]-**x37-X38** 721 Huntington Ave., Boston 15	NPAssn	280	5,855	Req	76	12	(165)	25	10 Straight Medicine 6 Straight Surgery	26532 26533
St. Elizabeth's Hospital ✦[1-3]-**x39** 736 Cambridge St., Brighton 35	Church	400	12,100	Req	51	12	No	95	10 Rotating General	26611
Brockton Hospital [1-3] 680 Centre St., Brockton 11	NPAssn	182	6,005	Req	36	12	No	250	4 Rotating General	26711
Cambridge City Hospital ✦[1-3]-**x39** 1493 Cambridge St., Cambridge 39	City	270	6,206	Req	37	12	No	100	10 Rotating General	26811
Mount Auburn Hospital ✦[1-3] 330 Mt. Auburn St., Cambridge 38	NPAssn	239	7,056	Req	57	24	(165)	100	6 Rotating General	26911
Truesdale Hospital ✦[1-3] 1820 Highland Ave., Fall River	NPAssn	152	5,158	Req	50	12	No	50	6 Rotating General	27011
Union Hospital [1] 338 Prospect St., Fall River	NPAssn	250	6,231	Req	38	12	No	150	4 Rotating General	86411
Burbank Hospital ✦[1] Nichols Rd., Fitchburg	City	250	6,231	Req	38	12	No	150	4 Rotating General	27211
Holyoke Hospital ✦[1-3-4] 575 Beech St., Holyoke	NPAssn	141	4,117	Req	27	12	No	100	1 Rotating General 1 Rot. (Med.-Major) 1 Rot. (Surg.-Major)	27311 27312 27313
Lawrence General Hospital ✦[1] 1 Garden St., Lawrence	NPAssn	188	5,993	Req	53	12	No	100	4 Rotating General	27411
Lowell General Hospital [1-3] 295 Varnum Ave., Lowell	NPAssn	183	5,564	Req	34	12	No	50	4 Rotating General	27511
St. John's Hospital [3] 14 Bartlett St., Lowell	Church	184	6,489	Req	37	12	No	100	4 Rotating General	27611
St. Joseph's Hospital [3] 850 Merrimack St., Lowell	Church	180	6,494	Req	19	12	No	100	3 Rotating General	27711
Lynn Hospital ✦[1-3] 212 Boston St., Lynn	NPAssn	248	9,584	Req	55	12	No	100	6 Rotating General	27811

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MASSACHUSETTS—Continued										
St. Luke's Hospital +1-3 101 Page St., New Bedford	NPAssn	273	8,778	Req	27	12	No	100	2 Rotating General	28211
Newton-Wellesley Hospital +1-3 2014 Washington St., Newton Lower Falls 62	NPAssn	235	7,530	Req	50	12	No	125	12 Rotating General	28311
Pittsfield General Hospital 741 North St., Pittsfield	NPAssn	197	5,354	Req	28	12	No	50	2 Rotating General	28111
St. Luke's Hospital 1-3 379 East St., Pittsfield	Church	150	4,846	Req	42	12	No	100	2 Rotating General	28211
Quincy City Hospital +1-3 114 Whitwell St., Quincy 69	City	258	9,651	Req	42	12	No	125	12 Rotating General	28311
Salem Hospital +1-3 81 Highland Ave., Salem	NPAssn	242	8,007	Req	42	12	No	110	6 Rotating General	28411
Mercy Hospital 1-3 253 Carew St., Springfield 4	Church	340	11,396	Req	29	12	No	100	6 Rotating General	28511
Springfield Hospital +1-3 759 Chestnut St., Springfield 7	NPAssn	285	7,428	Req	58	12	(167)	50	8 Rotating General	28611
Wesson Memorial Hospital 1-3 140 High St., Springfield 5	NPAssn	142	5,540	None	34	12	(167)	100	4 Rotating General	28711
Waltham Hospital +-x39 Hope Ave., Waltham 54	NPAssn	166	5,213	Req	47	12	No	125	4 Rotating General	28811
Memorial Hospital +1-3-4 179 Belmont St., Worcester 5	NPAssn	269	9,954	Req	42	12	No	100	7 Rotating General	28911
St. Vincent Hospital +1-3 73 Vernon St., Worcester 10	Church	242	7,948	None	36	12	No	150	12 Rotating General	29011
Worcester City Hospital +1-4 71 Jaques Ave., Worcester 3	City	480	13,320	Req	45	12	No	100	20 Rotating General	29111
MICHIGAN—Hospitals, 35; Internships, 538										
St. Joseph's Mercy Hospital +1-3 326 North Ingalls St., Ann Arbor	State	979	18,083	Req	68	12	(168)	150	12 Rotating General	29211
University Hospital +1-3-4-X43 1313 East Ann St., Ann Arbor	State	979	18,083	Req	68	12	No	107	8 Rot. (Med.-Major) 14 Rot. (Surg.-Major) 3 Rot. (Ped.-Major) 3 Rot. (Ob. Gyn.-Major) 2 Rot. (Neurol.-Major) 2 Rot. (Derm.-Major) 3 Rot. (Psych.-Major) 3 Rot. (Anes.-Major) 1 (Otology-Major) 1 Rot. (Ophthal. Major) 2 Rot. (Phys. Med. Rehab.-Major) 10 Rot. (Gen. Prac.-Maj.) 2 Rot. (Path.-Major)	29312 29313 29314 29315 29374 29375 29376 29377 29378 29379 29380 29381 29386
Leila Y. Post Montgomery Hospital +1 9 Emmett St., Battle Creek	Church	200	9,107	Req	54	12	No	150	4 Rotating General	29411
City of Detroit Receiving Hospital +1-3-X41 13.6 St. Antoine St., Detroit 26	City	682	23,920	Req	58	12	No	220	66 Rotating General	29511
Detroit Memorial Hospital +1-3 1420 St. Antoine St., Detroit 26	NPAssn	328	11,570	Req	45	12	(171)	200	16 Rotating General	29611
Evangelical Deaconess Hospital +1-3 3245 E. Jefferson Ave., Detroit 7	Church	185	8,951	Req	41	12	(172)	250	5 Rotating General	29711
Grace Hospital +1-3-x41 4160 John R. St., Detroit 1	NPAssn	641	26,102	Req	42	12	No	200	24 Rotating General	29811
Harper Hospital +1-3-4 3825 Brush St., Detroit 1	NPAssn	600	24,128	Req	44	12	(170)	200	36 Rotating General	29911
Henry Ford Hospital +1-3 2799 West Grand Blvd., Detroit 2	NPAssn	638	19,258	Req	72	12	No	175	20 Rot. (Med.-Major) 20 Rot. (Surg.-Major)	30012 30013
Jennings Memorial Hospital +1 7815 E. Jefferson Ave., Detroit 14	NPAssn	135	3,562	None	31	12	(174)	200	4 Rotating General	30111
Mount Carmel Mercy Hospital +1-4 671 West Outer Drive, Detroit 35	Church	475	23,952	Req	36	12	No	125	18 Rotating General	30211
Providence Hospital +1-3 2566 W. Grand Blvd., Detroit 8	Church	372	14,880	None	43	12	(175)	225	12 Rotating General	30311
St. John Hospital 22101 Moross Road, Detroit 36	Church	272	8,376	Req	43	12	No	225	8 Rotating General	91511
St. Joseph Mercy Hospital +1 2980 East Grand Blvd., Detroit 11	Church	236	10,760	Req	37	12	(171)	200	7 Rotating General	30411
Woman's Hospital +1-3 432 E. Hancock Ave., Detroit 1	NPAssn	246	11,425	Req	40	12	(171)	225	12 Rotating General	30511
Wayne County General Hosp. and Infirmary +1-3 Eloise	County	537	7,031	Req	54	12	(173)	248	36 Rotating General	30611
Hurley Hospital +1-3 Sixth Ave. and Begole St., Flint 2	City	428	17,479	None	42	12	(178)	195	26 Rotating General	30711
McLaren General Hospital +1-3 401 Ballenger Highway, Flint 2	NPAssn	170	7,071	Req	67	12	(176)	250	4 Rotating General	86611
St. Joseph Hospital +1-3 302 Kensington Ave., Flint 2	Church	250	12,037	None	35	12	(177)	250	12 Rotating General	30811
Blodgett Memorial Hospital +1-3 1840 Wealthy St., S.E., Grand Rapids 6	NPAssn	179	8,318	Req	26	12	(179)	150	12 Rotating General	30911
Butterworth Hospital +1-3 300 Bostwick Ave., N.E., Grand Rapids 2	NPAssn	286	13,186	Req	35	12	No	200	16 Rotating General	31011
St. Mary's Hospital +1 250 Cherry St., S.E., Grand Rapids 3	Church	256	10,541	Req	45	12	No	200	12 Rotating General	31111
Bon Secours Hospital 1-3 468 Cadieux Road, Grosse Pointe 30	Church	160	4,837	Req	36	12	No	225	4 Rotating General	90611
Highland Park General Hospital +1-3 369 Glendale, Highland Park 3	City	270	11,207	Req	37	12	(169)	250	16 Rotating General	31211
Borgess Hospital +1-3 1521 Gull Road, Kalamazoo 62	Church	265	8,325	None	35	12	(180)	150	4 Rotating General	31311
Bronson Methodist Hospital +1-3 252 E. Lovell St., Kalamazoo 8	Church	200	7,952	Req	57	12	No	200	4 Rotating General	31411
Edward W. Sparrow Hospital +1 1215 E. Michigan Ave., Lansing 12	NPAssn	291	12,900	Req	59	12	(181)	250	16 Rotating General	31511
St. Lawrence Hospital +1 1.10 W. Saginaw St., Lansing 15	Church	270	11,079	None	41	12	No	225	12 Rotating General	31611
Hackley Hospital +1-3 101 E. Forest Ave., Muskegon	NPAssn	205	8,045	Req	37	12	No	150	5 Rotating General	31711
Pontiac General Hospital +1-3 461 W. Huron St., Pontiac 18	City	198	11,036	Req	35	12	(182)	200	8 Rotating General	31811
St. Joseph Mercy Hospital +1-3 900 Woodard Ave., Pontiac 19	Church	315	13,372	Req	31	12	No	250	12 Rotating General	31911
Saginaw General Hospital +1 1447 N. Harrison St., Saginaw	NPAssn	208	9,022	Req	69	12	(183)	270	6 Rotating General	32011

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MICHIGAN—Continued										
St. Luke's Hospital +[1-3] 705 Cooper St., Saginaw	Church	144	5,902	Req	56	12	No	250	6 Rotating General	32111
St. Mary's Hospital + 830 S. Jefferson St., Saginaw 16	Church	174	7,746	Req	69	12	No	300	5 Rotating General	32211
James Decker Munson Hospital +[1-3] 6th St., Traverse City	NPAssn	134	5,255	None	36	12	No	225	4 Rotating General	32311
MINNESOTA—Hospitals, 16; Internships, 217										
St. Luke's Hospital +[1] 915 E. 1st St., Duluth 5	NPAssn	505	13,891	Req	68	12	(184)	75	18 Rotating General	32411
St. Mary's Hospital +[1-2] 429 E. 3rd St., Duluth 11	Church	285	10,989	Req	60	12	(184)	75	12 Rotating General	32511
Abbott Hospital and Janney Children's Hospital [1] 110 E. 18th St., Minneapolis 3	Church	150	6,863	Req	55	12	(186)	200	6 Rotating General	32611
Asbury Methodist Hospital +[1-3] 916 E. 15th St., Minneapolis 4	Church	168	7,305	None	56	12	No	150	4 Rotating General	86711
Minneapolis General Hospital +[1-3-4]-**X42** 619 S. 5th St., Minneapolis 15	City	574	7,941	Req	58	12	No	50	39 Rotating General	32911
Mount Sinai Hospital +[1-3] 737 E. 22nd St., Minneapolis 4	NPAssn	197	6,411	None	57	12	No	100	10 Rotating General	86811
Northwestern Hospital +[1-3] 810 E. 27th St., Minneapolis 7	NPAssn	260	11,634	None	67	12	No	175	8 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Ped.	33011 33032 33033 33034
St. Barnabas Hospital +[1-3] 970 S. 7th St., Minneapolis 4	NPAssn	270	10,353	Req	65	12	No	135	10 Rotating General	33111
St. Mary's Hospital +[1-3] 2500 S. Sixth St., Minneapolis 6	Church	325	14,167	Req	46	12	(185)	100	10 Rotating General	33211
Swedish Hospital +[1-3] 914 S. 8th St., Minneapolis 4	NPAssn	420	16,449	None	33	12	No	150	8 Rotating General	33311
University of Minnesota Hospitals +[1-3-4]-**X42** 412 Delaware, S.E., Minneapolis 14	State	577	10,965	Req	82	12	(189)	25	8 Straight Medicine 12 Straight Surgery 11 Straight Ped.	33432 33433 33434
Ancker Hospital +[1-3] 490 Jefferson Ave., St. Paul 1	CyCo	850	7,819	Req	63	12	No	50	26 Rotating General	33511
Bethesda Hospital [1-3] 559 Capitol Blvd., St. Paul 1	Church	162	9,062	Req	37	12	(190)	150	5 Rotating General	33611
Charles T. Miller Hospital +[1-3-4] 125 W. Colle<e Ave., St. Paul 2	NPAssn	275	10,430	Req	56	12	(188)	75	11 Rotating General	33711
St. Joseph's Hospital +[1-3] 69 W. Exchange St., St. Paul 2	Church	283	13,542	Req	55	12	(190)	75	12 Rotating General	33811
St. Luke's Hospital [1-3] 287 N. Smith Ave., St. Paul 2	Church	122	5,104	Req	38	12	(187)	100	4 Rotating General	33911
MISSISSIPPI—Hospitals, 2; Internships, 18										
Mississippi Baptist Hospital +[1] 1190 N. State St., Jackson	Church	260	13,273	None	29	12	No	50	12 Rotating General	34011
Mercy Hospital-Street Memorial +[1] 900 Crawford St., Vicksburg	Church	142	4,357	Req	33	12	(191)	100	6 Rotating General	34111
MISSOURI—Hospitals, 25; Internships, 406										
St. Louis County Hospital +[1-3] 501 S. Brentwood Blvd., Clayton 5	County	167	3,270	Req	45	12	No	150	12 Rotating General	34211
Kansas City General Hospital No. 1 +-**x31** 24th and Cherry St., Kansas City 8	City	537	8,923	Req	59	12	No	50	20 Rotating General	34311
Kansas City General Hospital No. 2 +[1-3-4] 600 E. 22nd St., Kansas City 8	City	264	3,691	Req	43	12	No	50	10 Rotating General	34411
Menorah Hospital Medical Center +[1-3]-**X31** 4949 Rockhill Road, Kansas City 10	NPAssn	334	10,208	Req	50	12	(193)	103	13 Rotating General	34511
Research Hospital +[1-3] 2300 Holmes St., Kansas City 8	NPAssn	211	7,823	Req	59	12	(192)	150	8 Rotating General	34611
St. Joseph Hospital +[1-3] Linwood Blvd. at Prospect, Kansas City 3	NPAssn	321	13,239	Req	52	12	No	150	14 Rotating General	34711
St. Luke's Hospital +[1-3] 44th and Nichols Parkway, Kansas City 11	Church	500	14,314	Req	66	12	No	150	15 Rotating General	34811
St. Mary's Hospital +[1-3] 101 Memorial Hospital Drive, Kansas City 8	Church	300	10,233	None	53	12	(199)	150	10 Rotating General	34911
Trinity Lutheran Hospital [1-3] 3001 Wyandotte, Kansas City 8	Church	165	6,008	None	47	12	(192)	100	6 Rotating General	35011
Missouri Methodist Hospital +[1] 8th and Faraon St., St. Joseph	Church	300	8,286	Req	33	12	No	125	8 Rotating General	35111
St. Joseph's Hospital [1-3] 923 Powell St., St. Joseph	Church	163	6,104	Req	27	12	(200)	200	3 Rotating General	35211
Barnes Hospital +[1-3]-**X41** 600 S. Kingshighway Blvd., St. Louis 10	NPAssn	748	23,136	Req	69	12	(197)	10	10 Straight Med. Private 9 Straight Med. Ward 14 Straight Surgery	35332 35333 35334
Christian Hospital 4411 N. Newstead Ave., St. Louis 15	NPAssn	129	4,498	None	..	12	No	175	3 Rotating General	35411
De Paul Hospital +[1-3] 2415 N. Kingshighway, St. Louis 13	Church	270	9,864	Req	38	12	No	150	9 Rotating General	35511
Evangelical Deaconess Hospital [1-3] 6150 Oakland Ave., St. Louis 10	Church	254	8,370	Req	31	12	(196)	150	8 Rotating General	35611
Homer G. Phillips Hospital +[1-3-4]-**X44-74** 2601 N. Whittier St., St. Louis 13	City	694	15,318	Req	36	12	(199)	155	40 Rotating General	35711
Jewish Hospital +[1-3-4] 216 S. Kingshighway Blvd., St. Louis 10	NPAssn	298	9,925	Req	42	12	No	75	14 Rotating General	35811
Lutheran Hospital [1-3] 2646 Potomac St., St. Louis 18	Church	165	6,211	None	24	12	No	100	6 Mix. Med. Surg. Ob. Gyn.	35922
Missouri Baptist Hospital +[1-3] 919 N. Taylor Ave., St. Louis 8	Church	450	12,993	Req	26	12	No	125	12 Rotating General 2 Rot. (Med.-Major) 2 Rot. (Surg.-Major)	36011 36012 36013
St. Anthony's Hospital +[1-3]-**x43** 3529 Chippewa St., St. Louis 18	Church	250	8,776	None	25	12	(194)	100	7 Rotating General	36111
St. John's Hospital +[1-3]-**X43** 307 S. Euclid Ave., St. Louis 10	NPAssn	302	11,400	Req	37	12	No	100	12 Rotating General	36211
St. Louis Children's Hospital +[1]-**X44** 500 S. Kingshighway Blvd., St. Louis 10	NPAssn	136	3,767	Req	72	12	(198)	10	6 Straight Ped.	80934
St. Louis City Hospital +[1-3]-**X43-44** 1515 Lafayette Ave., St. Louis 4	City	1,059	14,726	Req	58	12	(195)	112	32 Rotating General 12 Rot. (Med.-Major) 12 Straight Medicine 12 Straight Surgery 12 Straight Ped.	36311 36312 36332 36333 36334

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Internship (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
MISSOURI—Continued										
St. Luke's Hospital [1] 5535 Delmar Blvd., St. Louis 12	Church	184	6,000	Req	49	12	(196)	100	8 Rotating General	36411
St. Mary's Group of Hospitals [1-2-4]-X43 1402 S. Grand Blvd., St. Louis 4	Church	736	18,657	Req	48	12	No	60	20 Rotating General 9 Straight Medicine 6 Straight Surgery	36511 36532 36533
MONTANA—Hospitals, 2; Internships, 10										
St. James Hospital [1-3] Silver and Idaho Sts., Butte	Church	160	6,164	Req	30	12	No	150	4 Rotating General	36611
Montana Deaconess Hospital [1-3] 1109 6th Ave. North, Great Falls	Church	200	5,926	Req	60	12	No	100	6 Rotating General	36711
NEBRASKA—Hospitals, 9; Internships, 64										
Bryan Memorial Hospital [1-3]-X46 4848 Sumner St., Lincoln 6	Church	126	4,776	Req	51	12	No	100	4 Rotating General	36811
Lincoln General Hospital [1-3-4]-X46 2345 S. 17th St., Lincoln 2	NPAssn	183	5,020	Req	53	12	No	100	4 Rotating General	36911
St. Elizabeth Hospital [1-3]-X45 1145 South St., Lincoln 2	Church	220	8,312	None	55	12	No	200	6 Rotating General	37011
Bishop Clarkson Memorial Hospital [1-3]-X46 36th at Dewey Ave., Omaha 5	Church	185	7,326	Req	58	12	(200)	100	5 Rotating General	37111
Creighton Memorial St. Joseph's Hospital [1-3-4]-X45 Tenth and Castelar Sts., Omaha 8	Church	575	14,984	Req	40	12	(202)	150	12 Rotating General	37211
Immanuel Hospital [1]-X46 34th and Fowler St., Omaha 11	Church	121	4,842	Req	49	12	(201)	100	6 Rotating General	37311
Nebraska Methodist Hospital [1-3]-X46 3612 Cuming St., Omaha 3	Church	177	7,953	Req	55	12	(200)	100	7 Rotating General	37411
St. Catherine's Hospital [1-3]-X45 Forrest Ave. and 9th St., Omaha 8	Church	200	7,324	None	25	12	(203)	150	8 Rotating General	37511
University of Nebraska Hospital [1-3]-X46 42nd St. and Dewey Ave., Omaha 5	State	197	3,364	Req	89	12	(201)	150	12 Rotating General	37611
NEW HAMPSHIRE—Hospitals, 1; Internships, 16										
Mary Hitchcock Memorial Hospital [1-3]-X47 2 Maynard St., Hanover	NPAssn	305	7,136	Req	82	12	No	80	16 Rotating General	37711
NEW JERSEY—Hospitals, 39; Internships, 353										
Atlantic City Hospital [1-3] 26 S. Ohio Ave., Atlantic City	NPAssn	238	8,177	Req	46	12	(204)	100	12 Rotating General	37811
Bayonne Hospital and Dispensary [1-3] East 30th St., Bayonne	NPAssn	220	6,797	Req	14	12	No	125	8 Rotating General	37911
Cooper Hospital [1-3]-X65-68 6th and Stevens Sts., Camden 3	NPAssn	397	15,901	Req	59	12	No	200	11 Rotating General	38011
West Jersey Hospital [1-3-4]-X65 Mt. Ephraim and Atlantic Aves., Camden 4	NPAssn	270	8,522	Req	48	12	No	175	8 Rotating General	38111
East Orange General Hospital [1-3] Munn and Central Aves., East Orange	NPAssn	120	4,630	Req	27	12	(206)	100	4 Rotating General	38211
Elizabeth General Hospital and Dispensary [3] 925 E. Jersey St., Elizabeth 4	NPAssn	203	65,280	Req	23	12	No	100	9 Rotating General	38411
St. Elizabeth Hospital [1-3] 204 S. Broad St., Elizabeth 2	Church	229	6,062	Req	25	12	No	100	6 Rotating General	38511
Englewood Hospital [1-3] 350 Engle St., Englewood	NPAssn	190	7,269	Req	30	12	No	100	6 Rotating General	38611
Hackensack Hospital [1-3] 22 Hospital Place, Hackensack	NPAssn	250	12,095	Req	36	12	No	100	12 Rotating General	38711
St. Mary's Hospital [1-3] Willow Ave. and 4th St., Hoboken	Church	388	7,419	Req	30	12	No	100	12 Rotating General	38811
Christ Hospital [1-3] 176 Palisade Ave., Jersey City 6	Church	309	7,499	Req	28	12	No	100	12 Rotating General	38911
Medical Center-Jersey City Hospital [1-3-4] Baldwin Ave., Jersey City 4	City	1,600	21,869	Req	25	12	(207)	41	25 Rotating General 2 Straight Medicine 2 Straight Surgery 1 Straight Ped.	39011 39032 39033 39034
St. Francis Hospital [1-3] 25 East Hamilton Place, Jersey City 2	Church	215	4,646	Req	24	12	(207)	90	6 Rotating General	39111
Monmouth Memorial Hospital [1-3-4] 3rd and Pavilion Aves., Long Branch	NPAssn	270	7,467	Req	39	12	No	100	8 Rotating General	39211
Mountainside Hospital [1-3-4] Bay and Highland Aves., Montclair	NPAssn	312	9,393	Req	48	12	No	100	10 Rotating General	39311
All Souls Hospital [1-3] 95 Mt. Kemble Ave., Morristown	Church	134	4,592	Req	40	12	No	125	4 Rotating General	90711
Morristown Memorial Hospital [1-3] 100 Madison Ave., Morristown	NPAssn	236	4,831	Req	41	12	No	110	6 Rotating General	39411
Fitkin Memorial Hospital [1-3] Corlies Ave., Neptune	NPAssn	236	8,617	Req	34	12	No	150	8 Rotating General	39511
Hospital of St. Barnabas and for Women and Children [1-3] 685 High St., Newark 2	Church	255	8,540	Req	37	12	No	75	8 Rotating General	39611
Newark Beth Israel Hospital [3-4] 201 Lyons Ave., Newark 8	NPAssn	365	15,303	None	40	12	No	50	12 Rotating General	39711
Newark City Hospital [1-3-4] 116 Fairmount Ave., Newark 7	City	700	13,636	Req	27	12	No	60	18 Rotating General	39811
Presbyterian Hospital [1-3] 27 S. 9th St., Newark 7	NPAssn	275	9,986	Req	26	12	(209)	100	4 Rotating General	87211
St. Michael's Hospital [1-3] 306 High St., Newark 2	Church	405	13,188	Req	36	12	No	85	8 Rotating General	39911
St. Peter's General Hospital [1-3] 260 Easton Ave., New Brunswick	Church	188	8,238	Req	36	12	No	135	10 Rotating General	40011
Orange Memorial Hospital [1-3] 188 S. Essex Ave., Orange	NPAssn	286	9,781	Req	47	12	No	75	10 Rotating General	40111
Bergen Pines County Hospital [1-3] E. Ridgewood Ave., Paramus	County	684	1,042	Req	37	12	(207)	100	20 Rotating General	90811
Passaic General Hospital [1-3] 350 Boulevard, Passaic	NPAssn	234	8,311	Req	36	12	No	75	5 Rotating General	40211
St. Mary's Hospital [1-3] 211 Pennington Ave., Passaic	Church	192	6,557	Req	30	12	No	75	4 Rotating General	40311
Barnert Memorial Hospital [1-3] 680 Broadway, Paterson 4	NPAssn	141	5,873	Req	32	12	No	100	6 Rotating General	40411
Paterson General Hospital [1-3] 628 Market St., Paterson 3	NPAssn	372	10,440	Req	31	12	No	75	6 Rotating General	40511
St. Joseph Hospital [1-3] 703 Main St., Paterson 3	Church	366	9,918	None	32	12	No	100	12 Rotating General	40611

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW JERSEY—Continued										
Perth Amboy General Hospital [3] 530 New Brunswick Ave., Perth Amboy	NPAssn	276	11,291	None	26	12	No	100	8 Rotating General	87311
Muhlenberg Hospital [1-3-4] Park Ave. and Randolph Rd., Plainfield	NPAssn	270	11,995	Req	31	12	No	100	10 Rotating General	40711
Overlook Hospital [1-3] 193 Morris Ave., Summit	NPAssn	162	5,277	Req	40	12	(217)	100	7 Rotating General	40811
Holy Name Hospital [1-3] 718 Teaneck Rd., Teaneck	NPAssn	235	7,785	Req	52	12	No	100	5 Rotating General 1 Rot. (Surg.-Major)	40911 40913
Mercer Hospital [1-3] 446 Bellevue Ave., Trenton 8	NPAssn	246	9,282	Req	41	12	No	150	6 Rotating General	41611
St. Francis Hospital [1-3] 601 Hamilton Ave., Trenton 9	Church	292	9,351	Req	49	12	No	150	10 Rotating General	41111
William McKinley Memorial Hospital [1-3] 750 Brunswick Ave., Trenton 8	NPAssn	150	5,897	Req	30	12	No	180	5 Rotating General	41211
North Hudson Hospital [1-3-4] 4300 Park Ave., Weehawken	NPAssn	150	3,828	Req	24	12	(208)	100	6 Rotating General	41311
NEW YORK—Hospitals, 99; Internships, 1,503										
Albany Hospital [1-3-4]-X48 New Scotland Ave., Albany 8	NPAssn	673	17,484	Req	60	12	No	110	18 Rotating General 9 Mixed, 6 Mo. Med. 6 Mo. Surg. 5 Straight Medicine 5 Straight Surgery 5 Rotating General	41416 41424 41432 41433 41511
Memorial Hospital [1-3] 161 N. Pearl St., Albany	NPAssn	137	3,593	Req	34	12	No	150		
St. Peter's Hospital [1-3] 600 New Scotland Ave., Albany 8	Church	275	7,680	Req	29	12	(210)	200	8 Rotating General	41611
Binghamton City Hospital [1-3] Mitchell and Park Aves., Binghamton	City	464	11,272	None	46	12	No	150	9 Rotating General	41811
Beth-El Hospital [1-3] Linden Blvd. and Rockaway Pkwy., Brooklyn 12	NPAssn	340	7,706	Req	54	12	No	100	14 Rotating General	41911
Brooklyn Hospital [1-3]-X54 DeKalb Ave. and Ashland Pl., Brooklyn 1	NPAssn	302	9,514	Req	46	12	No	50	12 Rotating General	42011
Coney Island Hospital [1-3-4] Ocean Pkwy. and Avenue Z, Brooklyn 35	City	286	6,729	Req	26	12	No	65	14 Rotating General	42211
Cumberland Hospital [1-3-4]-X54 89 Auburn Pl., Brooklyn 5	City	287	7,777	Req	24	12	(211)	65	6 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Straight Ped.	42311 42332 42333 42334
Greenpoint Hospital [1-3-4]-X54 Kingsland and Skillman Ave., Brooklyn 11	City	281	6,925	Req	22	12	No	65	12 Rotating General	42411
Jewish Hospital [1-3-4]-X54 555 Prospect Pl., Brooklyn 38	NPAssn	501	16,560	Req	43	12	No	35	35 Rotating General	42511
Kings County Hospital Center [1-3-4]-X54 Clarkson Ave., Brooklyn 3	City	3,225	56,899	Req	24	12	No	65	85 Rotating General 24 Straight Medicine 16 Straight Surgery 3 Straight Ped.	42611 42632 42633 42634
Long Island College Hospital [1-3]-X54 340 Henry St., Brooklyn 1	NPAssn	414	11,166	Req	29	12	No	50	16 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Straight Ped.	42711 42732 42733 42734
Maimonides Hospital [1-3]-X54 4802 Tenth Ave., Brooklyn 19	NPAssn	431	11,704	Req	35	12	No	35	24 Rotating General 4 Straight Medicine	42811 42832
Methodist Hospital [1-3]-X54 6th St. and 7th Ave., Brooklyn 15	Church	458	10,959	Req	32	12-24	No	50	10 Rotating General 2 Straight Medicine	42911 42932
Norwegian Lutheran Deaconesses' Home and Hospital [1-3] 4520 Fourth Ave., Brooklyn 20	Church	210	8,294	Req	54	12	No	50	6 Rotating General	43011
Prospect Heights Hospital [1-3] 773 Washington Ave., Brooklyn 32	NPAssn	166	6,066	Req	22	12	No	100	4 Rotating General	87411
St. Catherine's Hospital [1-3] 133 Bushwick Ave., Brooklyn 6	Church	287	7,282	Req	38	12	No	125	10 Rotating General	43111
St. John's Episcopal Hospital [1-3] 480 Herkimer St., Brooklyn 13	Church	251	7,332	Req	32	12	No	90	9 Rotating General 1 Straight Medicine 3 Straight Surgery	43211 43232 43233
St. Mary's Hospital [1-3-4] 1298 St. Marks Ave., Brooklyn 13	Church	237	5,908	Req	32	12	No	100	8 Rotating General	43311
Unity Hospital [1-3] 1545 St. Johns Pl., Brooklyn 13	NPAssn	226	7,185	Req	25	12	No	100	8 Rotating General	43411
Wyckoff Heights Hospital [1-3] 374 Stockholm St., Brooklyn 37	NPAssn	251	8,845	Req	24	12	No	100	8 Rotating General	43511
Buffalo General Hospital [1-3-4]-X49 100 High St., Buffalo 3	NPAssn	691	14,047	None	51	12	(212)	100	17 Rotating General 8 Straight Medicine 1 Straight Surgery	43611 43632 43633
Deaconess Hospital [1-3] 563 Riley St., Buffalo 8	NPAssn	277	10,935	Req	31	12	(213)	150	4 Rotating General	43722
Edward J. Meyer Memorial Hospital [1-4]-X49 462 Grider St., Buffalo 15	County	983	10,298	Req	41	12	No	170	24 Rotating General	43811
Mercy Hospital [1-3] 565 Abbott Rd., Buffalo 20	Church	360	11,854	Req	29	12	(126)	200	12 Rotating General	43911
Millard Fillmore Hospital [1-3-4]-X49 875 Lafayette Ave., Buffalo 9	NPAssn	473	18,480	None	44	12	(212)	230	12 Rotating General	44011
Sisters of Charity Hospital [1-3] 2157 Main St., Buffalo 14	Church	631	19,933	Req	29	12	(214)	200	12 Rotating General	44111
Mary Imogene Bassett Hospital [1-3-X48-X50 Atwell Rd., Cooperstown	NPAssn	110	3,068	Req	69	12	No	50	2 Rotating General 3 Mix. Med. Surg. 1 Straight Medicine	44211 44224 44232
Arnot-Ogden Memorial Hospital [1-3] Roe Ave., Elmira	NPAssn	200	7,273	None	38	12	(215)	175	4 Rotating General	44311
St. Joseph's Hospital [1-3] 555 E. Market St., Elmira	Church	229	7,395	None	33	12	No	200	4 Rotating General	44411
Flushing Hospital and Dispensary [1-3-4] 44-14 Parsons Blvd., Flushing 55	NPAssn	287	12,414	Req	41	12	No	125	11 Rotating General	44511
North Country Community Hospital [1-3] St. Andrews Lane, Glen Cove	NPAssn	154	5,413	Req	36	12	No	250	4 Rotating General	44611
Glens Falls Hospital [1-3] 100 Park St., Glens Falls	NPAssn	236	10,121	Req	24	12	No	200	6 Rotating General	44711
Meadowbrook Hospital [1-3-4] Bethpage Tpke. and Carman Ave., Hempstead	County	600	10,011	Req	41	12	No	125	30 Rotating General	44811
Jamaica Hospital [1-3] 89 Avenue and VanWyck Expwy., Jamaica 32	NPAssn	264	6,540	Req	25	12	No	100	10 Rotating General (Men Only) 2 Rotating General (Women Only)	44911 44920

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
Mary Immaculate Hospital [1-3-4] 152-11 89th Ave., Jamaica 32	NPAssn	295	9,078	None	31	12	No	90	4 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Ped.	45011 45032 45033 45034
Queens General Hospital [1-3-4]-X52 82-68 164th St., Jamaica 32	City	690	13,067	Req	40	12	No	65	38 Rotating General 2 Straight Surgery	45111 45133
Charles S. Wilson Memorial Hospital [1-3] 33-57 Harrison St., Johnson City	NPAssn	450	11,670	Req	42	12	No	150	12 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Straight Ped.	45211 45232 45233 45234
Our Lady of Victory Hospital [3] 809 Ridge Rd., Lackawanna 18	Church	260	8,421	Req	22	12-24	No	150	5 Rotating General	45311
St. John's Long Island City Hospital [1-3-4] 2301 Jackson Ave., Long Island 1	Church	224	5,801	Req	36	12	No	100	16 Rotating General	45411
Nassau Hospital [1-3] Second St., Mineola	NPAssn	260	15,209	Req	31	12	No	75	4 Rotating General	45511
Northern Westchester Hospital [1-3] E. Main St., Mount Kisco	NPAssn	137	4,591	Req	46	12	No	100	4 Rotating General	45611
Mount Vernon Hospital [3] N. Seventh Ave., Mount Vernon	NPAssn	219	8,805	None	39	12	No	75	6 Rotating General 1 Straight Surgery	45711 45733
St. Luke's Hospital [1-3-4] 70 Dubois St., Newburgh	NPAssn	192	6,514	Req	22	12	No	150	6 Rotating General	45811
New Rochelle Hospital [3-4] 16 Guion Pl., New Rochelle	NPAssn	302	11,077	Req	42	12	No	100	8 Rotating General	45911
Bellevue Hospital Center-X50-51-53 28th St. and First Ave., New York 16	City	2,884	48,696	....	31	..	...	...	.....	.....
First Medical Division— Columbia University [1-3] Dr. Dickinson Richards	.....	...	.....	Req	..	12	No	60	4 Mixed Med. Surg. Chest 4 Mixed Med. Path. Chest 4 Mixed Med. Chest	46005 46006 46028
First Surgical Division— Columbia University [1-3] Dr. Frank Berry	.....	...	.....	Req	..	12	No	60	4 Rot. (Surg.-Major) 2 Straight Surgery	46113 46133
Second Medical Division— Cornell University [1-3] Dr. Hugh Luckey	.....	...	.....	Req	..	12	No	65	2 Mixed Med. Path. 16 Straight Medicine	46227 46232
Second Surgical Division— Cornell University [1-3] Dr. Cranston Holman	.....	...	.....	Req	..	12	No	65	7 Straight Surgery	46333
Third Medical Division—New York University College of Medicine [1-3] Dr. William Tillett—Medicine Dr. L. Emmett Holt, Jr.—Pediatrics	.....	...	.....	Req	..	12	(221)	65	2 Mixed Med. Chest 12 Straight Medicine 17 Straight Ped.	46428 46432 46434
Third Surgical Division—New York University College of Medicine [1-3] Dr. John Mulholland	.....	...	.....	Req	..	12	(245)	65	8 Mixed Med. Surg. 6 Straight Surgery	46424 46433
Fourth Medical Division—New York University Post-Graduate Medical School [1-3-4] Dr. Charles Wilkinson	.....	...	.....	Req	..	12	(295)	65	10 Straight Medicine	46632
Fourth Surgical Division—New York University Post-Graduate Medical School [1-3-4] Dr. William Hinton	.....	...	.....	Req	..	12	(295)	65	10 Straight Surgery	46633
Beth David Hospital [1-3] 161 E. 90th St., New York 28	NPAssn	167	5,293	None	29	12	No	65	14 Rotating General	46911
Beth Israel Hospital [1-3-4]-X33 Stuyvesant Square East, New York 3	NPAssn	358	9,931	Req	41	12	No	35	14 Rotating General	47011
Bronx Hospital [1-3-4] 1276 Fulton Ave., New York 56	NPAssn	329	9,314	Req	24	12	No	35	9 Rotating General	47111
Columbus Hospital [3] 227 E. 19th St., New York 3	Church	260	5,765	None	10	12	No	75	12 Rotating General	47211
Fordham Hospital [1-3-4] Southern Blvd. at Crotona Ave., New York 58	City	414	10,803	Req	26	12	No	65	17 Rotating General	47411
French Hospital [1-3] 330 W. 30th St., New York 1	NPAssn	253	6,550	Req	27	12	No	50	12 Rotating General	47511
Harlem Hospital [1-3-4] 520 Lenox Ave., New York 37	City	704	17,866	Req	14	12	No	65	42 Rotating General	47811
Hospital for Joint Diseases [1-3-4] 1919 Madison Ave., New York 35	NPAssn	302	5,167	Req	26	12	(218)	35	9 Rotating General	47911
Jewish Memorial Hospital [1-3-4] 190th St. and Broadway, New York 34	NPAssn	185	6,178	Req	28	12	No	75	10 Rotating General	48011
Knickerbocker Hospital [3] 70 Convent Ave., New York 27	NPAssn	194	5,071	Req	35	12	(219)	100	6 Rotating General 3 Straight Medicine 3 Straight Surgery	48111 48132 48133
Lebanon Hospital [1-3] 1650 Grand Concourse, New York 57	NPAssn	214	6,735	None	21	12	No	50	6 Rotating General 1 Straight Medicine 1 Straight Surgery	48211 48232 48233
Lenox Hill Hospital [1-3]-X53 111 E. 76th St., New York 21	NPAssn	530	13,197	Req	38	12	No	...	20 Rotating General	48311
Metropolitan Hospital [1-3-4]-X52 Welfare Island, New York 17	City	1,060	13,725	Req	29	12	No	65	6 Rotating General	48511
Misericordia Hospital [1-3] 531 East 80th St., New York 28	Church	190	5,757	Req	20	12	No	50	1 Rot. (Med.-Major) 4 Rot. (Surg.-Major) 1 Rot. (Ped.-Major) 2 Rot. (Ob.-Gyn.-Major)	48612 48613 48614 48615
Montefiore Hospital [1-3-4]-X50 100 E. Gun Hill Rd., New York 67	NPAssn	636	5,321	None	50	12	No	80	20 Mixed Med. Surg. Neur. Pul. Neo.	48785
Morrisania City Hospital [1-3-4]-X52 168th St. and Gerard Ave., New York 52	City	471	11,494	Req	19	12	No	65	16 Rotating General	48811
Mount Sinai Hospital [1-3]-X50 One E. 100th St., New York 29	NPAssn	957	15,318	Req	48	12	No	25	30 Rotating General 6 Straight Surgery	49011 49033
New York City Hospital [1-3-4]-X52 Welfare Island, New York 17	City	837	12,506	Req	22	12	No	65	24 Rotating General	49111
New York Hospital [1-3-4]-X51 525 E. 68th St., New York 21	NPAssn	1,188	25,869	Req	64	12	No	...	15 Straight Medicine 15 Straight Surgery 2 Straight Ped.	49232 49233 49234
New York Polyclinic Medical School and Hospital [1-3-4] 340 W. 50th St., New York 19	NPAssn	394	9,679	Req	49	12	No	75	8 Rotating General	49411
New York University-Bellevue Medical Center (See also Bellevue Hospital Center) University Hospital [1-3-4]-X53 303 East 20th St., New York 3	NPAssn	287	9,779	Req	37	12	(217)	50	4 Straight Medicine	91232
Presbyterian Hospital [1-3-4]-X50 622 W. 168th St., New York 32	NPAssn	1,523	35,151	Req	62	12	No	167	12 Straight Medicine 12 Straight Surgery	49532 49533

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
Roosevelt Hospital +1-4-X50 428 W. 59th St., New York 19	NPAssn	403	9,239	Req	35	12	No	83	6 Mix. Med. Ped. Surg. 6 Mix. Surg. Gyn. Med.	49623 49672
St. Clare's Hospital +1-3-4 415 W. 51st St., New York 19	Church	421	10,313	Req	27	12	No	25	13 Rotating General 1 Straight Medicine 1 Straight Surgery	49711 49732 49733
St. Francis Hospital +1-3 625 E. 142d St., New York 54	Church	360	7,672	Req	23	12	No	100	12 Rotating General	49811
St. Luke's Hospital +1-4-X50 421 W. 113th St., New York 25	NPAssn	538	10,339	Req	50	12	No	25	8 Mixed, 9 Mo. Med., 3 Mo. Surg. 6 Mixed Surg., Med.	49983 49984
St. Vincent's Hospital +1-3-x53 153 W. 11th St., New York 11	Church	593	13,590	Req	43	12	No	35	19 Rotating General 2 Straight Medicine 6 Straight Surgery	50011 50032 50033
Sydenham Hospital +1-3-4 565 Manhattan Ave., New York 27	City	220	6,080	None	28	12	No	65	9 Rotating General	50111
Mt. St. Mary's Hospital 515 Sixth St., Niagara Falls	Church	200	7,367	None	33	12	No	250	6 Rotating General	50311
United Hospital +1-3 Boston Post Rd., Port Chester	NPAssn	180	6,268	Req	38	12	No	200	8 Rotating General	50411
St. Francis Hospital 1-3 Hillcrest, Pourhkeepsie	Church	176	5,323	Req	44	12	No	200	4 Rotating General	50511
Vassar Brothers Hospital +1-3 Reade Pl., Pourhkeepsie	NPAssn	204	7,864	None	27	12	(217)	125	6 Rotating General	50611
Genesee Hospital +1-3-x55 224 Alexander St., Rochester 7	NPAssn	222	8,879	Req	70	12	(223)	50	12 Rotating General 2 Straight Surgery	50711 50733
Highland Hospital +1-3-x55 South Ave. and Bellevue Dr., Rochester 20	NPAssn	207	8,129	Req	57	12	(223)	75	8 Rotating General	50811
Park Avenue Hospital 1-3 789 Park Ave., Rochester 7	NPAssn	100	4,021	None	50	12	No	...	4 Rotating General	87611
Rochester General Hospital +1-3-4-x55 501 Main St., W., Rochester 8	NPAssn	332	13,287	Req	64	12	(216)	75	20 Rotating General	50911
St. Mary's Hospital +1-3-x55 89 Genesee St., Rochester 11	Church	335	13,333	Req	36	12	No	175	15 Rotating General	51011
Strong Memorial-Rochester Municipal Hospitals +1-3-4-X55 Crittenden Blvd., Rochester 20	NPAssn	734	17,303	Req	76	24	(222)	15	12 Rotating General 12 Mix. Surg. Ob.-Gyn. 11 Straight Medicine 4 Straight Ped.	51111 51122 51132 51134
Ellis Hospital +1-X48 1101 Nott St., Schenectady 8	NPAssn	350	12,867	Req	44	12	No	100	10 Rotating General	51211
St. Clare's Hospital 1-3 600 McClellan St., Schenectady 4	Church	175	7,343	Req	37	12	(224)	150	5 Rotating General	51311
St. Vincent's Hospital +1-3 335 Bard Ave., Staten Island 10	Church	242	8,571	Req	28	12	No	100	8 Rotating General	51411
Staten Island Hospital +1-3 101 Castleton Ave., Staten Island 1	NPAssn	222	7,321	Req	54	12	No	100	8 Rotating General	51511
General Hospital +1-3 116 E. Castle St., Syracuse 5	NPAssn	129	5,360	Req	31	12	No	167	4 Mix. Med. Surg. Ob.-Gyn.	51722
St. Joseph's Hospital +1-3-x56 301 Prospect Ave., Syracuse 3	Church	290	10,870	Req	27	12	No	160	10 Rotating General	51811
State University of New York Med. Center +1-3-X56 766 Irving Ave., Syracuse 10 Walter S. Wiggins, M.D., Assistant Dean, Graduate and Post Graduate Medical Education	State	836	26,980	Req	43	12	(225)	167	20 Rotating General 4 Straight Medicine	51611 51632
St. Mary's Hospital 1-3 87 Oakwood Ave., Troy	Church	250	6,880	Req	21	12	(225)	167	20 Rotating General	51911
Samaritan Hospital +1-3 Peoples and Burdett Aves., Troy	NPAssn	162	5,750	Req	39	12	No	200	8 Rotating General	52011
Grasslands Hospital +1-3-4 Valhalla	County	800	4,268	Req	55	12	No	75	20 Rotating General	52111
St. Agnes Hospital 3 North St., White Plains	Church	153	4,337	Req	34	12	No	150	4 Rotating General	52211
White Plains Hospital +1-3 41 E. Post Rd., White Plains	NPAssn	200	6,632	Req	44	12	No	100	5 Rotating General	52311
St. John's Riverside Hospital +1-3 Ashburton and Palisade Aves., Yonkers 2	NPAssn	214	6,501	Req	29	12	No	100	8 Rotating General	52411
St. Joseph's Hospital 1-3-x56 127 S. Broadway, Yonkers 2	Church	180	3,847	Req	34	12	No	100	8 Rotating General	52511
Yonkers General Hospital 1-3 127 Ashburton Ave., Yonkers 2	NPAssn	144	5,406	Req	22	12	No	100	7 Rotating General	52611
NORTH CAROLINA—Hospitals, 12; Internships, 185										
North Carolina Memorial Hospital +1-3-X57 Univ. of North Carolina, Chapel Hill	State	411	1,564	Req	60	12	No	125	16 Rotating General 6 Straight Medicine 4 Straight Surgery 2 Straight Ped.	90011 90032 90033 90034
Charlotte Memorial Hospital +1-3-4 1400 Scott Ave., Charlotte 3	NPAssn	332	11,645	Req	57	12	No	100	10 Rotating General	52711
Mercy Hospital 1-3 2000 E. Fifth St., Charlotte 4	Church	245	9,991	Req	40	12	No	100	6 Rotating General	52811
Duke Hospital +1-3-4-X58 Durham	NPAssn	543	15,964	Req	56	12	(226)	25	4 Mixed Ob. Ped. 26 Straight Medicine 17 Straight Surgery 9 Straight Ped.	52988 52932 52933 52934
Lincoln Hospital +1-3-x58 1301 Fayetteville St., Durham 5	NPAssn	99	2,850	Req	30	12	No	100	4 Rotating General	53011
Watts Hospital +3-x57-58 Broad St. and Club Blvd., Durham	NPAssn	229	9,248	Req	36	12	No	100	7 Rotating General 2 Straight Medicine 2 Straight Surgery	87711 87732 87733
Rex Hospital +1-3 1311 St. Mary's St., Raleigh	NPAssn	308	12,355	Req	25	12	No	100	15 Rotating General	53211
St. Agnes Hospital 1-3 Oakwood Ave., Raleigh	Church	100	2,644	Req	24	12	No	175	4 Rotating General	53311
James Walker Memorial Hospital +1-3 N. Tenth St., Wilmington	NPAssn	250	9,604	None	21	12	No	100	4 Rotating General 2 Mix. Ob.-Gyn. Ped. Surg.	53411 53425
City Memorial Hospital +1-3-4 Hospital St., Winston-Salem 4	City	296	10,885	Req	45	12	No	150	20 Rotating General	53511
Kate Bitting Reynolds Memorial Hospital +3 1101 E. Seventh St., Winston-Salem	City	200	5,879	Req	25	12	No	150	10 Rotating General	53611
North Carolina Baptist Hospital +1-3-X59 300 S. Hawthorne Rd., Winston-Salem 7	Church	260	9,381	Req	93	12	No	...	4 Mix. Ob.-Gyn. Ped. 5 Straight Medicine 5 Straight Surgery 2 Straight Ped.	53708 53732 53733 53734

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend ($/Month)	Number and Type of Internships	Code Number
NORTH DAKOTA—Hospitals, 3; Internships, 12										
St. John's Hospital †1-3 305 Sixth Ave., S., Fargo	Church	173	5,990	Req	23	12	No	150	4 Rotating General	87011
St. Luke's Hospital † 727 Broadway, Fargo	Church	144	6,963	Req	52	12	No	150	4 Rotating General	53911
Grand Forks Deaconess Hospital 222 S. 4th St., Grand Forks	NPAssn	164	5,547	None	49	12	No	175	4 Rotating General	54011
OHIO—Hospitals, 48; Internships, 649										
City Hospital †1-3 525 E. Market St., Akron 4	NPAssn	410	17,754	Req	33	12	(227)	200	22 Rotating General	54111
Peoples Hospital †1-3 2.6-270 W. Cedar St., Akron 7	NPAssn	221	13,526	Req	41	12	(227)	200	12 Rotating General	54211
St. Thomas Hospital †1-3 444 N. Main St., Akron 10	Church	205	9,439	Req	47	12	No	200	5 Rotating General	54311
Aultman Hospital †1-3 625 Clarendon Ave., S. W., Canton 10	NPAssn	301	10,954	Req	50	12	No	200	10 Rotating General	54411
Mercy Hospital †1-3 Market and 8th Sts., N. W., Canton 2	Church	305	12,359	Req	37	12	No	125	8 Rotating General	54511
Bethesda Hospital †1-3 Oak St. and Reading Rd., Cincinnati 6	Church	220	9,302	Req	54	12	(228)	150	8 Rotating General 2 Mixed Med. Ob.-Gyn. Surg.	54611 54622
Christ Hospital †1 2139 Auburn Ave., Cincinnati 19	Church	356	11,744	Req	41	12	(228)	150	13 Rotating General	54711
Cincinnati General Hospital †1-3-**X60** 3231 Burnet Ave., Cincinnati 29	City	810	14,747	Req	53	12	(230)	15	52 Rotating General	54811
Deaconess Hospital †1-3 Clifton Ave. and Straight St., Cincinnati 20	Church	168	6,388	Req	27	12	No	125	6 Rotating General	54911
Good Samaritan Hospital †1-3 3217 Clifton Ave., Cincinnati 20	Church	559	17,973	None	37	12	No	150	16 Rotating General	55011
Jewish Hospital †1-3 Burnet Ave., Cincinnati 29	NPAssn	261	11,746	Req	53	12	(229)	125	15 Rotating General	55111
St. Mary's Hospital †1-3 856 Betts St., Cincinnati 14	Church	214	6,705	Req	24	12	No	200	11 Rotating General	55211
City Hospital †1-3-4-**X61** 3395 Scranton Rd., Cleveland 9	City	1,034	9,893	Req	43	12	No	109	26 Rotating General	55311
Evangelical Deaconess Hospital 1-3 4229 Pearl Rd., Cleveland 9	Church	138	8,177	None	25	12	No	100	6 Rotating General	90911
Fairview Park Hospital †1-3 3395 Franklin Blvd., Cleveland 13	Church	150	7,669	Req	36	12	No	100	6 Rotating General	55411
Lutheran Hospital †1-3 2609 Franklin Blvd., Cleveland 13	Church	189	7,554	None	46	12	(231)	150	12 Rotating General	55611
Mount Sinai Hospital †1-3-4-**x61** 1800 E. 105th St., Cleveland 6	NPAssn	350	14,210	Req	44	12	No	200	17 Rotating General	55711
St. Alexis Hospital †1-3 5163 Broadway Ave., Cleveland 27	Church	234	10,526	None	35	12	No	250	6 Rotating General	55811
St. John's Hospital †1-3 7911 Detroit Ave., Cleveland 2	Church	236	9,047	None	32	12	No	150	7 Rotating General	55911
St. Luke's Hospital †1-3-4 11311 Shaker Blvd., Cleveland 1	Church	437	20,485	Req	52	12	No	75	27 Rotating General	56011
St. Vincent Charity Hospital †1-3-**x61** E. 22d and Central Ave., Cleveland 15	Church	300	6,953	Req	20	12	(232)	200	18 Rotating General	56111
University Hospitals †1-3-4-**X61** 2065 Adelbert Rd., Cleveland 6	NPAssn	822	23,053	Req	60	12	No	...	16 Rotating General 12 Straight Medicine 8 Straight Surgery 2 Straight Ped.	56211 56232 56233 56234
Doctors Hospital †1-3 12345 Cedar Rd., Cleveland Heights 6	NPAssn	185	7,478	None	50	12	No	100	12 Rotating General	56311
Grant Hospital †1-3 125 S. Grant Ave., Columbus 15	NPAssn	265	10,811	None	28	12	(233)	200	12 Rotating General	56411
Mount Carmel Hospital †1 793 W. State St., Columbus 8	Church	360	13,216	None	31	12	(233)	200	15 Rotating General	56511
University Hospitals University Hospital †1-3-**X62** 10th and Perry St., Columbus 1	State	609	12,475	Req	71	12	(235)	125	48 Rotating General	56611
White Cross Hospital †1-3-4 709 N. Park St., Columbus 8	Church	350	13,172	Req	34	12	No	325	15 Rotating General	56711
Good Samaritan Hospital †1-3 1425 W. Fairview Ave., Dayton 6	Church	310	14,137	Req	37	12	No	200	6 Rotating General	56811
Miami Valley Hospital †1-3-4 134 Hiple St., Dayton 9	NPAssn	422	17,486	Req	41	12	No	185	16 Rotating General	56911
St. Elizabeth Hospital †1-3 49 Hopeland St., Dayton 8	Church	325	12,884	Req	34	12	No	125	16 Rotating General	57011
Huron Road Hospital †1-3 13951 Terrace Rd., East Cleveland 12	NPAssn	284	11,274	Req	53	12	No	200	8 Rotating General	57111
Elyria Memorial Hospital †1-3 630 E. River St., Elyria	NPAssn	162	6,053	Req	39	12	No	150	4 Rotating General	90111
Euclid-Glenville Hospital †1-3 E. 185th St. and Lake Erie, Euclid 19	NPAssn	172	3,861	None	31	12	No	100	6 Rotating General	55511
Marymount Hospital †1-3 12300 McCracken Rd., Garfield Heights 25	Church	190	7,603	Req	48	12	(231)	200	10 Rotating General	57211
Mercy Hospital †1-3 116 Dayton, Hamilton	Church	300	11,691	Req	38	12	No	150	6 Rotating General	57311
Lakewood Hospital †1-3 14519 Detroit Ave., Lakewood 7	City	208	8,629	Req	45	12	No	100	6 Rotating General	57411
Lima Memorial Hospital †1-3 Linden and Mobel Sts., Lima	NPAssn	256	9,743	Req	31	12	No	250	8 Rotating General	57511
St. Rita's Hospital †1-3 801 W. High St., Lima	Church	281	10,464	Req	55	12	(236)	175	10 Rotating General	57611
Mercy Hospital 1-3 1343 N. Fountain Blvd., Springfield	Church	247	8,010	Req	42	12	No	175	8 Rotating General	87811

Abbreviations and other references will be found on pages 303 and 304.

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Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
OHIO—Continued										
Springfield City Hospital ✦[1] High St. at Burnett Rd., Springfield	City	215	8,236	Req	44	12	No	175	8 Rotating General	57711
Flower Hospital [1-3] 3349 Cherry St., Toledo 12	Church	163	6,921	Req	39	12	(234)	200	5 Rotating General	57811
Maumee Valley Hospital ✦[1-3] 2025 Arlington Ave., Toledo 9	County	292	8,473	Req	57	12	No	200	8 Rotating General	57911
Mercy Hospital ✦[1-3] 2221 Madison Ave., Toledo 2	Church	282	12,010	Req	48	12	No	100	14 Rotating General	58011
Riverside Hospital 1609 Summit St., Toledo 11	NPAssn	166	6,535	Req	35	12	No	200	6 Rotating General	58111
St. Vincent's Hospital ✦[1-3] 2213 Cherry St., Toledo 8	Church	450	14,914	Req	40	12	(237)	200	15 Rotating General	58211
Toledo Hospital ✦[1-3] 2142 N. Cove Blvd., Toledo 6	NPAssn	276	10,499	Req	67	12	No	200	10 Rotating General	58311
St. Elizabeth Hospital ✦[1-3] 1044 Belmont Ave., Youngstown 4	Church	340	14,239	Req	33	12	No	175	10 Rotating General	58411
Youngstown Hospital ✦[1-3-4] Oak Hill and Francis St., Youngstown 1 Gypsy Lane and Goleta Ave., Youngstown 4	NPAssn	600	25,159	Req	62	12	No	100	24 Rotating General	58511
OKLAHOMA—Hospitals, 6; Internships, 85										
Mercy Hospital Oklahoma City General [1-3] 501 N. W. 12th St., Oklahoma City 3	Church	147	7,145	Req	55	12	(239)	75	8 Rotating General	58611
St. Anthony Hospital ✦-X63 601 N. W. 9th St., Oklahoma City 3	Church	375	14,057	Req	27	12	No	75	12 Rotating General	58711
University Hospitals ✦[1-3-4]-X63 800 N. E. 13th St., Oklahoma City 4	State	444	9,828	Req	49	12-24	(238)	50	20 Rotating General 12 Rotating General [6]	58811 58881
Wesley Hospital ✦[1] 300 N. W. 12th St., Oklahoma City 3	Part	188	9,833	Req	42	12	(239)	100	8 Rotating General	59011
Hillcrest Medical Center ✦[1] 1653 E. 12th St., Tulsa	NPAssn	435	13,851	Req	31	12	No	100	15 Rotating General	59111
St. John's Hospital ✦[1-3] 1923 S. Utica, Tulsa	Church	445	18,132	Req	27	12	No	125	10 Rotating General	59211
OREGON—Hospitals, 7; Internships, 90										
Sacred Heart General Hospital [1] 751 E. 12th Ave., Eugene	Church	275	11,859	Req	62	12	No	100	8 Rotating General	59311
Emanuel Hospital ✦[1-3] 2800 N. Commercial Ave., Portland 12	Church	350	15,113	Req	49	12	(241)	75	14 Rotating General	59411
Good Samaritan Hospital ✦[1-3] 1015 N. W. 22d Ave., Portland 10	Church	519	13,549	None	62	12	No	75	16 Rotating General	59511
Portland Sanitarium and Hospital [1] 932 S. E. 60th Ave., Portland 15	Church	164	8,495	Req	37	12	No	140	8 Rotating General	59611
Providence Hospital ✦[1-3] 700 N. E. 47th St., Portland 13	Church	282	10,328	Req	67	12	(256)	75	12 Rotating General	59711
St. Vincent's Hospital ✦[1] 2447 N. W. Westover Rd., Portland 10	Church	372	12,283	Req	47	12	(240)	140	14 Rotating General	59811
University of Oregon Medical School Hospitals and Clinics ✦[1-4]-X64 3181 S. W. Sam Jackson Park Rd., Portland 1	State	463	8,068	Req	68	12	No	75	18 Rotating General	59911
PENNSYLVANIA—Hospitals, 71; Internships, 788										
Abington Memorial Hospital ✦[1-3-4] York and Woodland Rds., Abington	NPAssn	303	9,678	Req	46	12	No	50	12 Rotating General	60011
Allentown Hospital ✦[1-4] 17th and Chew Sts., Allentown	NPAssn	434	14,475	Req	44	12	No	200	12 Rotating General	60111
Sacred Heart Hospital ✦[1] 4th and Chew Sts., Allentown	Church	300	9,496	Req	42	12	No	150	8 Rotating General	60211
Altoona Hospital [1-3] 7th St. and Howard Ave., Altoona	NPAssn	336	7,680	Req	26	12	No	200	8 Rotating General	60311
Mercy Hospital [1-3] 2601 8th Ave., Altoona	NPAssn	171	5,828	Req	24	12	No	200	4 Rotating General	60411
St. Luke's Hospital ✦[1-4] 801 Ostrum St., Bethlehem	NPAssn	352	11,226	Req	53	12	No	200	9 Rotating General	60511
Bryn Mawr Hospital ✦[1-3] Bryn Mawr Ave., Bryn Mawr	NPAssn	285	8,877	Req	61	12	No	75	12 Rotating General	60611
Chester Hospital [1-4] 9th and Barclay Sts., Chester	NPAssn	294	9,691	Req	24	12	No	250	8 Rotating General	60711
George F. Geisinger Memorial Hospital ✦[1-3-4] Danville	NPAssn	270	10,107	None	50	12	No	50	12 Rotating General	60811
Fitzgerald-Mercy Hospital ✦[1-5]-X63 Lansdowns Ave. and Baily Rd., Darby	Church	202	7,463	Req	38	12	No	200	8 Rotating General	60911
Easton Hospital ✦[1-3-4] 21st and Lehigh Sts., Easton	NPAssn	184	7,387	Req	35	12	No	200	5 Rotating General	61011
Hamot Hospital ✦[1-3] 4 E. 2d St., Erie	NPAssn	304	12,549	Req	43	12	No	150	8 Rotating General	61111
St. Vincent's Hospital ✦[1-3] 2420 Sassafras St., Erie 6	NPAssn	305	11,157	Req	42	12	No	200	8 Rotating General	61211
Westmoreland Hospital ✦[1-3] 532 W. Pittsburgh St., Greensburg	NPAssn	190	7,778	None	41	12	No	250	4 Rotating General	61311
Harrisburg Hospital ✦[1-4]-X65 Front and Mulberry, Harrisburg	NPAssn	413	12,563	Req	37	12	No	150	15 Rotating General	61411
Harrisburg Polyclinic Hospital ✦ Third and Radnor Sts., Harrisburg	NPAssn	309	9,604	Req	39	12	No	200	12 Rotating General	61511
St. Joseph Hospital Hazleton	Church	250	5,255	None	31	12	No	100	2 Rotating General	87911
Conemaugh Valley Memorial Hospital [1-3] 1086 Franklin St., Johnstown	NPAssn	367	13,948	Req	21	12	No	200	10 Rotating General	61611

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend ($ Month)	Number and Type of Internships	Code Number
PENNSYLVANIA—Continued										
Lancaster General Hospital [1-3] 525 N. Duke St., Lancaster	NPAssn	450	10,468	Req	41	12	No	175	10 Rotating General	61811
St. Joseph's Hospital [+1] College and Marietta Ave., Lancaster	Church	232	7,380	Req	55	12	No	175	6 Rotating General	61911
McKeesport Hospital [1] 1500 Fifth Ave., McKeesport	NPAssn	275	10,464	Req	27	12	No	200	10 Rotating General	62011
Montgomery Hospital [1-3] Powell and Fornance Sts., Norristown	NPAssn	187	7,094	Req	39	12	No	175	6 Rotating General	62111
Sacred Heart Hospital [1] 1430 DeKalb St., Norristown	Church	107	3,709	Req	48	12	No	250	2 Rotating General	62211
Albert Einstein Medical Center										
Northern Division [+1-3-4-X67] York and Tabor Rds., Philadelphia 41	NPAssn	432	12,426	Req	45	12	No	75	18 Rotating General	63111
Southern Division [+1-3-4-X65-x66] 5th and Reed Sts., Philadelphia 47	NPAssn	264	8,179	Req	74	12	No	75	12 Rotating General	63711
Chestnut Hill Hospital [+1-3] 8835 Germantown Ave., Philadelphia 18	NPAssn	127	4,606	Req	28	12	No	200	4 Rotating General	91011
Episcopal Hospital [+1-3-4-X67] Front St. and Lehigh Ave., Philadelphia 25	Church	495	9,944	Req	51	12	No	100	11 Rotating General	62311
Frankford Hospital [+1-3-x69] 4900 Frankford Ave., Philadelphia 24	NPAssn	147	5,988	Req	76	12	No	250	8 Rotating General	62411
Germantown Dispensary and Hospital [+1-x66-69] East Penn and Wister Sts., Philadelphia 44	NPAssn	311	9,664	Req	50	12	No	100	12 Rotating General	62511
Graduate Hospital of the University of Pennsylvania [+1-3-4] 19th and Lombard Sts., Philadelphia 46	NPAssn	350	8,831	Req	49	12	(275)	42	12 Rotating General	62611
Hahnemann Medical College and Hospital [+1-3-X65] 230 N. Broad St., Philadelphia 2	NPAssn	590	15,055	Req	48	12	No	25	24 Rotating General	62711
Hospital of the University of Pa. [+1-3-4-X68] 3400 Spruce St., Philadelphia 4	NPAssn	705	21,529	Req	76	12	No	42	26 Rotating General	62811
Hospital of the Woman's Medical College of Pennsylvania [+1-3-X69] 3300 Henry Ave., Philadelphia 29	NPAssn	173	5,156	Req	58	12	No	25	6 Rotating General	62911
Jefferson Medical College Hospital [+1-4-X66] 10th and Sansom Sts., Philadelphia 7	NPAssn	786	18,105	Req	41	12	No	25	34 Rotating General	63011
Lankenau Hospital [+1-x66] Girard and Corinthian Aves., Philadelphia 30	NPAssn	260	6,876	Req	54	12	No	75	10 Rotating General	63211
Memorial Hospital [1-3-4] 5800 Ridge Ave., Philadelphia 28	NPAssn	149	4,035	Req	29	12	No	250	4 Rotating General	63311
Mercy-Douglass Hospital [+1-2] 5000 Woodland Ave., Philadelphia 43	NPAssn	101	2,384	Req	37	12	No	100	5 Rotating General	63411
Methodist Episcopal Hospital [+1-3-x66] Broad and Wolf Sts., Philadelphia 48	Church	235	5,584	Req	35	12	No	150	6 Rotating General	63511
Misericordia Hospital [+1-x63] 54th and Cedar Ave., Philadelphia 43	Church	270	8,275	Req	25	12	No	200	10 Rotating General	63611
Nazareth Hospital [+1-3] 8650 Holme Ave., Philadelphia 15	Church	205	8,121	Req	32	12	No	150	6 Rotating General	63811
Pennsylvania Hospital [+1-3-X65-63] 8th and Spruce Sts., Philadelphia 7	NPAssn	430	10,733	Req	60	12	(242)	...	18 Rotating General	63911
Philadelphia General Hospital [+1-2-4-x57-X66-67-68-59] 34th St. and Curie Ave., Philadelphia 4	City	2,776	22,068	Req	50	12	(244)	55	108 Rotating General	64011
Presbyterian Hospital [+1-x63] 51 N. 39th St., Philadelphia 4	Church	346	7,767	None	57	12	(243)	100	12 Rotating General	64111
St. Agnes Hospital [1-x65] 1900 S. Broad St., Philadelphia 45	Church	350	9,421	Req	21	12	No	175	4 Rotating General	64211
St. Joseph's Hospital [+1-3-4-x66] 16th St. and Girard Ave., Philadelphia 30	Church	198	5,307	Req	28	12	No	200	6 Rotating General	64311
St. Luke's and Children's Medical Center [+1-x65-66] Franklin and Thompson Sts., Philadelphia 22	NPAssn	238	7,536	Req	35	12	No	125	6 Rotating General	64411
St. Mary's Hospital [+] Frankford Ave. and Palmer St., Philadelphia 25	Church	234	6,152	Req	25	12	No	200	6 Rotating General	64511
Temple University Hospital [+1-X67] 3401 N. Broad St., Philadelphia 40	NPAssn	543	16,182	Req	52	12	(246)	25	24 Rotating General	64611
Woman's Hospital [+1-3-X69] Preston and Parrish Sts., Philadelphia 4	NPAssn	143	5,340	Req	38	12	No	150	2 Rotating General 2 Rot. (Ob.-Gyn.-Major) 1 Straight Medicine	64711 64715 64732
Allegheny General Hospital [+1-3-X70] 320 E. North Ave., Pittsburgh 12	NPAssn	565	13,580	Req	23	12	No	150	16 Rotating General	64811
Montefiore Hospital [+1-3] 3459 Fifth Ave., Pittsburgh 13	NPAssn	296	9,637	Req	51	12	No	50	12 Rotating General	65011
Pittsburgh Hospital [+1] 6655 Frankstown Ave., Pittsburgh 6	NPAssn	225	6,802	Req	23	12	No	200	6 Rotating General	65111
Presbyterian Hospital [+1-X-70] 230 Lothrop St., Pittsburgh 13	NPAssn	235	7,539	Req	39	12	(247)	50	24 Rotating General	65211
St. John's General Hospital [1] 3939 McClure Ave., Pittsburgh 12	NPAssn	188	6,954	Req	24	12	No	200	5 Rotating General	65411
St. Joseph's Hospital and Dispensary 2117 Carson St., Pittsburgh 3	Church	170	5,127	Req	31	12	No	250	6 Rotating General	65511
St. Margaret Memorial Hospital [+1] 565 46th St., Pittsburgh 17	Church	121	3,196	Req	49	12	No	150	4 Rotating General	65611
Western Pennsylvania Hospital [+1-3-4] 4800 Friendship Ave., Pittsburgh 24	NPAssn	550	16,444	Req	19	12	No	200	18 Rotating General	65911
Community General Hospital [+1-3] 135 N. 6th St., Reading	NPAssn	123	5,198	Req	46	12	No	175	4 Rotating General	66011
Reading Hospital [+1-3] 6th and Spruce Sts., Reading	NPAssn	386	11,817	Req	48	12	No	100	16 Rotating General	66111
St. Joseph's Hospital [+1-3] 1215 Walnut St., Reading	Church	206	6,877	Req	50	12	No	200	6 Rotating General	66211
Robert Packer Hospital [+1-3-4-X65] S. Wilbur Ave., Sayre	NPAssn	340	11,941	Req	48	12	No	75	12 Rotating General	66411

Abbreviations and other references will be found on pages 303 and 304.

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1953

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
PENNSYLVANIA—Continued										
Scranton State Hospital [1] 201-205 Mulberry St., Scranton 5	State	290	6,091	Req	26	12	No	166	10 Rotating General	66611
Sewickley Valley Hospital [1] Blackburn Road, Sewickley	NPAssn	153	5,877	Req	23	12	No	275	6 Rotating General	66711
Uniontown Hospital [1-3] 500 W. Berkeley St., Uniontown	NPAssn	265	9,208	Req	36	12	No	300	5 Rotating General	66811
Chester County Hospital [1-3] Boot Rd., Westchester	NPAssn	153	4,581	Req	43	12	No	150	6 Rotating General	88211
Mercy Hospital [1] 196 Hanover St., Wilkes-Barre	Church	200	5,567	Req	27	12	No	250	6 Rotating General	67011
Wilkes-Barre General Hospital [1] Cor. N. River and Auburn Sts., Wilkes-Barre	NPAssn	376	9,494	Req	42	12	No	200	10 Rotating General	67111
Columbia Hospital [1-3] 312 Penn Ave., Wilkinsburg	Church	191	6,474	Req	35	12	No	200	6 Rotating General	67211
Divine Providence Hospital 1100 Grampian Blvd., Williamsport	Church	185	5,246	Req	38	12	No	200	6 Rotating General	91311
Williamsport Hospital [1-4] 777 Rural Ave., Williamsport 20	NPAssn	288	8,331	Req	35	12	No	200	8 Rotating General	67311
York Hospital [1] S. George St. and Rathton Rd., York	NPAssn	338	10,032	Req	30	12	No	200	8 Rotating General	67411
RHODE ISLAND—Hospitals, 4; Internships, 44										
Newport Hospital [1-3] Friendship St., Newport	NPAssn	196	4,879	Req	26	12	No	100	6 Rotating General	67511
Rhode Island Hospital [1-3-4] 593 Eddy St., Providence 2	NPAssn	600	16,165	Req	46	24	(249)	25	20 Rotating General	67711
Roger Williams General Hospital [1-3] 825 Chalkstone Ave., Providence 8	NPAssn	162	6,363	Req	30	12	No	200	8 Rotating General	67811
St. Joseph's Hospital [1] Broad St., Providence 7	Church	305	8,232	Req	32	12	(248)	100	10 Rotating General	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 86										
Roper Hospital [1-3]-X71 Lucas and Calhoun Sts., Charleston 16	NPAssn	450	14,160	Req	53	12	No	83	21 Rotating General	68011
Columbia Hospital [1-3] 2020 Hampton St., Columbia	County	439	13,271	Req	23	12	No	100	15 Rotating General	68111
McLeod Infirmary [1-3] 101-121 W. Cheves St., Florence	NPAssn	200	8,404	Req	19	12	No	200	5 Rotating General	68211
Greenville General Hospital [1-3] 109 Memminger St., Greenville	CyCo	331	12,899	Req	32	12	No	100	24 Rotating General	68311
Orangeburg Regional Hospital [3] 550 Carolina Ave., N.E., Orangeburg	CyCo	173	8,477	Req	21	12	No	150	6 Rotating General	68411
Spartanburg General Hospital [3] 855 N. Church St., Spartanburg	County	370	17,540	Req	27	12	No	100	15 Rotating General	68511
SOUTH DAKOTA—Hospitals, 3; Internships, 19										
McKennan Hospital [1-3]-X72 7th Ave. and 21st St., Sioux Falls	Church	177	8,891	None	52	12	No	80	5 Rotating General	68611
Sioux Valley Hospital [1-3]-X72 1123 S. Euclid Ave., Sioux Falls	NPAssn	190	8,107	None	40	12	No	150	8 Rotating General	68711
Sacred Heart Hospital [1]-X72 W. 4th St., Yankton	Church	230	5,871	Req	40	12	No	150	6 Rotating General	68811
TENNESSEE—Hospitals, 14; Internships, 171										
Baroness Erlanger Hospital [1-3-4] 264 Wiehl St., Chattanooga 3	CyCo	485	18,264	Req	28	12	No	125	18 Rotating General	68911
Holston Valley Community Hospital [1] W. Ravine St., Kingsport	NPAssn	242	9,049	Req	38	12	No	300	1 Rotating General 1 Rot. (Med.-Major) 1 Rot. (Surg.-Major) 1 Mix. Ob.-Gyn. Ped.	88311 88312 88313 88321
East Tennessee Baptist Hospital [1-3] Blount Ave., Knoxville	Church	254	10,206	Req	29	12	No	250	8 Rotating General	69011
Fort Sanders Hospital [1-3] 1909 W. Clinch Ave., Knoxville 16	NPAssn	190	7,658	None	24	12	No	250	6 Rotating General	69111
St. Mary's Memorial Hospital [1-3] Oakhill Ave., Knoxville 17	Church	285	10,480	Req	29	12	(250)	250	10 Rotating General	69311
Baptist Memorial Hospital [1-3] 899 Madison Ave., Memphis	Church	550	22,158	Req	28	12	No	75	26 Rotating General 1 Straight Medicine 1 Straight Surgery	69411 69432 69433
Methodist Hospital 1265 Union Ave., Memphis 4	Church	275	14,428	Req	33	12	(251)	75	14 Rotating General	69611
St. Joseph Hospital [1-3] 264 Jackson Ave., Memphis 7	Church	280	11,762	Req	33	12	No	75	12 Rotating General	69711
Hubbard Hospital [1-3-4]-X74 1005 18th Ave., N., Nashville 8	NPAssn	188	4,239	None	43	12	No	100	12 Rotating General	69811
Mid-State Baptist Hospital [1] 2000 Church St., Nashville	Church	250	7,164	Req	34	12	(252)	125	10 Rotating General	69911
St. Thomas Hospital [1-3] 2000 Hayes St., Nashville 4	Church	235	10,250	None	34	12	No	175	5 Rotating General 2 Straight Medicine 3 Straight Surgery 1 Straight Ped.	70111 70132 70133 70134
Vanderbilt University Hospitals										
Nashville General Hospital [1]-X75 Hermitage Ave., Nashville 10	City	221	6,440	Req	25	12	(253)	50	12 Rotating General	70011
Vanderbilt University Hospital [1-3]-X75 21st Ave., South at Edgehill, Nashville 5	NPAssn	352	10,995	Req	53	12	(252)	25	8 Straight Medicine 8 Straight Surgery 6 Straight Ped.	70232 70233 70234
Oakridge Hospital [1-3] Tennyson Rd., Oak Ridge	NPAssn	216	8,000	None	44	12	No	160	4 Rotating General	88011

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
TEXAS—Hospitals, 22; Internships, 301										
Brackenridge Hospital +[1-3] 15th and East Ave., Austin	City	294	7,010	Req	27	12	No	125	9 Rotating General	70411
Memorial Hospital [1-3] 3650 Hospital Blvd., Corpus Christi	CyCo	180	7,236	Req	30	12	No	100	6 Rotating General	70511
Baylor University Hospital +[1-3]-X76 3500 Gaston Ave., Dallas 1	Church	723	27,652	Req	23	12	(254)	60	25 Rotating General 1 Straight Medicine 1 Straight Surgery	70611 70632 70633
Methodist Hospital +[1-3]-X76 301 W. Colorado St., Dallas 8	Church	208	12,071	Req	27	12	No	75	10 Rotating General	70711
Parkland Hospital +[1]-X76 3819 Maple Ave., Dallas	CyCo	357	11,393	Req	73	12	No	10	30 Rotating General 8 Straight Medicine	70811 70832
St. Paul's Hospital +[1-3]-x76 3121 Bryan St., Dallas 1	Church	465	13,481	Req	31	12	No	100	11 Rotating General 1 Straight Surgery	70911 70933
El Paso General Hospital [1] 4815 Alameda Ave., El Paso	CyCo	215	3,444	Req	26	12	No	100	8 Rotating General	71011
City-County Hospital +[1-3-4] 1500 S. Main St., Fort Worth 4	CyCo	200	4,654	Req	20	12	No	50	13 Rotating General	71111
Harris Hospital +[1-3] 1300 W. Cannon, Fort Worth 4	Church	310	15,140	Req	38	12	No	100	14 Rotating General	71211
St. Joseph's Hospital +[1-3] 1401 Main St., Fort Worth 4	Church	278	12,408	Req	19	12	No	150	12 Rotating General	71311
University of Texas Med. Branch Hospitals +[1-3]-X77 800 Avenue B, Galveston	State	708	11,243	Req	62	12	No	50	36 Rotating General	71411
Hermann Hospital +[1]-x78 1203 Ross Sterling Ave., Houston 25	NPAssn	625	25,224	Req	38	12	No	75	16 Rotating General	71511
Jefferson Davis Hospital +-X78 1801 Buffalo Dr., Houston 3	CyCo	500	14,415	Req	50	12	No	25	30 Rotating General	71611
Methodist Hospital +[1-3]-x78 6516 Bertner Ave., Houston 25	Church	284	8,779	Req	40	12	No	75	8 Rotating General	71711
St. Joseph's Hospital +[1]-x77-78 1919 Crawford St., Houston 3	Church	434	23,341	Req	44	12	No	100	6 Rotating General	71811
Baptist Memorial Hospital +[1-3] 205 Camden St., San Antonio	Church	300	14,128	Req	34	12	No	100	8 Rotating General	72111
Robert B. Green Memorial Hospital +[1-3-4] 515 Morales St., San Antonio 7	CyCo	135	6,370	Req	71	12	No	100	16 Rotating General	72211
Santa Rosa Hospital +[3] 745 W. Houston St., San Antonio 7	Church	325	14,084	Req	34	12	No	100	14 Rotating General	72311
Kings Daughters Hospital +[1-3] 302 S. 22d St., Temple	NPAssn	110	3,065	Req	51	12	No	150	4 Rotating General	72411
Scott and White Memorial Hospitals +[1-3] 213 W. Avenue G, Temple	NPAssn	254	7,617	Req	34	12	(257)	150	8 Rotating General	72511
Providence Hospital [1-3] 1725 Colcord St., Waco	Church	225	6,690	Req	28	12	No	150	4 Rotating General	88811
Wichita Falls Clinic-Hospital + 1300 8th St., Wichita Falls	Part	102	4,985	Req	11	12	No	150	3 Rotating General	72611
UTAH—Hospitals, 6; Internships, 58										
St. Benedict's Hospital +[1-3] 3300 Polk Ave., Ogden	Church	170	5,925	Req	60	12	No	150	4 Rotating General	72711
Thomas D. Dee Memorial Hospital +[1-3]-x79 2440 Harrison Blvd., Ogden	Church	215	9,504	Req	48	12	No	258	12 Rotating General	72811
Dr. W. H. Groves Latter-Day Saints Hospital +[1-3] 325 8th Ave., Salt Lake City 3	Church	333	16,415	Req	45	12	No	135	12 Rotating General	72911
Holy Cross Hospital +[1-3]-x79 1045 E. First South St., Salt Lake City 2	Church	186	8,682	Req	45	12	No	150	6 Rotating General	73011
St. Mark's Hospital +[1]-x79 803 N. 2d West, Salt Lake City 3	Church	210	8,863	Req	27	12	No	150	6 Rotating General	73111
Salt Lake County General Hospital +[1-3]-X79 2693 S. State St., Salt Lake City 15	County	249	3,831	Req	66	12	(260)	50	10 Rotating General 2 Mixed Surg. Gyn. 4 Straight Medicine 2 Straight Ped.	73211 73246 73232 73234
VERMONT—Hospitals, 2; Internships, 20										
Bishop DeGoesbriand Hospital +[1-3]-X80 S. Prospect St., Burlington	Church	200	12,944	Req	43	12	No	100	8 Rotating General	73411
Mary Fletcher Hospital +[1-3-4]-X80 Colchester Ave., Burlington	NPAssn	273	6,379	Req	83	12	No	50	12 Rotating General	73511
VIRGINIA—Hospitals, 17; Internships, 175										
Johnston Memorial Hospital [1] Court St., Abingdon	NPAssn	120	3,726	Req	35	12	No	150	2 Rotating General	89111
Alexandria Hospital +[1-3] 709 Duke St., Alexandria	NPAssn	170	7,431	Req	36	12	No	125	8 Rotating General	73611
University of Virginia Hospital +[1-3]-X81 Charlottesville	State	492	14,618	Req	47	12	(262)	25	9 Rotating General 12 Straight Medicine 12 Straight Surgery	73711 73732 73733
Chesapeake and Ohio Railway Employees Hosp. +[1-3] Ridgeway St., Clifton Forge	NPAssn	155	7,696	Req	40	12	No	100	5 Straight Medicine	89232
Memorial Hospital [1] 142 S. Main St., Danville	NPAssn	170	9,228	None	52	12	No	125	6 Rotating General	89311
Lynchburg General Hospital +[1-3] Lynchburg	NPAssn	158	5,951	Req	31	12	No	150	1 Rot. (Med. Major) 1 Rot. (Surg. Major) 5 Rotating General	73812 73813 89411
Mary Immaculate Hospital +[1-3] Blair and Buxton Ave., Newport News	Church	150	4,826	Req	32	12	No	150		
Riverside Hospital +[1-3] 245 50th St., Newport News	NPAssn	225	9,638	Req	41	12	No	150	4 Rotating General 1 Rot. (Med. Major) 1 Rot. (Surg. Major) 1 Rot. (Ped. Major) 1 Rot. (Ob.-Gyn. Major)	73911 73912 73913 73914 73915
DePaul Hospital +[1-3] Kingsley Lane, Norfolk 5	Church	259	10,392	None	45	12	No	200	10 Rotating General	74011

Abbreviations and other references will be found on pages 303 and 304.

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1953

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
VIRGINIA—Continued										
Norfolk General Hospital ✦[1-3] Raleigh and Colley Aves., Norfolk 7	NPAssn	316	10,491	Req	55	12	No	100	12 Rotating General 1 Rot. (Med. Major) 1 Rot. (Surg. Major) 1 Rot. (Ped. Major) 1 Rot. (Ob.-Gyn. Major)	74111 74112 74113 74114 74115
Johnston-Willis Hospital ✦[1-3] 2908 Kensington Ave., Richmond 21	Corp	225	8,262	Req	48	12	No	200	12 Rotating General	74211
Medical College of Virginia, Hospital Div. ✦[1-3-4]-**X82** (Memorial, Dooley and St. Philip Hospitals) 1200 E. Broad St., Richmond 19	State	834	24,049	Req	35	12	(264)	25	36 Rotating General 3 Straight Medicine 3 Straight Surgery	74311 74332 74333
Stuart Circle Hospital [1] 421-31 Stuart Circle, Richmond	Corp	114	3,858	Req	32	12	(263)	150	4 Rotating General	74411
Jefferson Hospital ✦[1-3] 1301-1321 Franklin Rd., Roanoke	Corp	150	5,807	Req	41	12	No	150	2 Rot. (Med. Major) 2 Rot. (Surg. Major)	74612 74613
Lewis Gale Hospital ✦ 3d and Luck Ave., S. W., Roanoke	Corp	180	6,559	Req	30	12	No	150	6 Rotating General	74711
Memorial and Crippled Children's Hospital [1-3] Belleview and Lake Aves., Roanoke	NPAssn	150	5,818	Req	55	12	No	150	6 Rotating General	74811
Winchester Memorial Hospital [1] S. Stewart St., Winchester	NPAssn	245	7,077	None	25	12	No	100	6 Rotating General	74911
WASHINGTON—Hospitals, 12; Internships, 142										
Columbus Hospital [1-3] 1019 Madison St., Seattle 4	Church	150	3,544	None	41	12	No	150	4 Rotating General	75011
Doctors Hospital ✦[3]-**x83** 909 University St., Seattle 1	NPAssn	200	8,634	None	61	12	No	75	8 Rotating General	75111
King County Hospital ✦[1-3]-**X83** Unit No. 1 (Harborview) 325 Ninth Ave., Seattle 4	County	450	10,307	Req	58	12	No	75	34 Rotating General	75211
Providence Hospital ✦[1-3]-**x83** 17th and E. Jefferson, Seattle 22	Church	366	13,457	Req	55	12	No	140	16 Rotating General	75311
Swedish Hospital ✦[1]-**X83** 803 Summit Ave., Seattle 4	NPAssn	330	14,483	Req	52	12	(265)	75	16 Rotating General	75511
Virginia Mason Hospital ✦[1-3]-**x83** 1101 Terry Ave., Seattle 1	NPAssn	208	9,728	Req	67	12	(265)	75	10 Rotating General	75611
Deaconess Hospital ✦[1-3] 733 W. Fourth Ave., Spokane	Church	200	9,180	None	53	12	No	125	10 Rotating General	75711
Sacred Heart Hospital ✦[1-3] 101 W. 8th Ave., Spokane 4	Church	506	17,960	Req	29	12	No	125	12 Rotating General	75811
St. Luke's Hospital ✦[1-3] 830 N. Summit Blvd., Spokane 11	NPAssn	265	8,455	Req	48	12	(267)	125	8 Rotating General	75911
Pierce County Hospital [1-2-4] 3,82 Pacific Ave., Tacoma 8	County	240	4,008	Req	37	12	No	200	10 Rotating General	76011
St. Joseph Hospital ✦[1-3] 1812 S. Eye St., Tacoma 3	Church	200	7,449	Req	50	12	No	100	6 Rotating General	76111
Tacoma General Hospital ✦[1-3] 315 S. K St., Tacoma 3	NPAssn	225	9,917	Req	35	12	No	125	8 Rotating General	76211
WEST VIRGINIA—Hospitals, 9; Internships, 60										
Bluefield Sanitarium 307 Ramsey St., Bluefield	Corp	180	9,521	None	28	12	No	125	3 Rotating General	76311
Charleston General Hospital ✦[1] Brooks St. and Elmwood Ave., Charleston 25	NPAssn	229	9,117	Req	53	12	No	155	10 Rotating General	76411
Kanawha Valley Hospital ✦[3] 1014 Virginia St., E., Charleston 1	Corp	148	6,181	Req	52	12	No	130	4 Rotating General	76511
Memorial Hospital ✦[1-3] 3200 Noyes Ave., S. E., Charleston 4	NPAssn	115	3,905	Req	52	12-24	No	140	4 Rotating General 1 Rot. (Med.-Major) 1 Rot. (Surg.-Major) 1 Rot. (Ped.-Major) 1 Rot. (Ob.-Gyn.-Major)	9@11 9@12 9@13 9@14 9@15
St. Mary's Hospital ✦[1-3] 2900 First Ave., Huntington 2	Church	300	14,825	Req	37	12	No	100	10 Rotating General	76611
Camden-Clark Memorial Hospital [1-3] 717 Ann St., Parkersburg	City	160	5,989	Req	25	12	No	150	3 Rotating General	76711
St. Joseph's Hospital ✦[1-3] 1801 Market St., Parkersburg	Church	170	7,040	Req	21	12	No	200	4 Rotating General	76811
Ohio Valley General Hospital ✦[1-3-4] 2000 Eoff St., Wheeling	NPAssn	330	10,474	Req	36	12	No	225	10 Rotating General	76911
Wheeling Hospital [1-3] 109 Main St., Wheeling	Church	245	8,867	Req	18	12	No	150	8 Rotating General	77011
WISCONSIN—Hospitals, 23; Internships, 211										
Luther Hospital [1-3]-**x34** 310 Chestnut St., Eau Claire	NPAssn	238	7,133	Req	52	12	No	200	6 Rotating General	77111
St. Agnes Hospital [3] 430 E. Division St., Fond du Lac	Church	300	9,687	None	37	12	No	125	6 Rotating General	77211
Mercy Hospital ✦[1-3]-**x34** 599 N. Washington St., Janesville	Church	186	5,135	Req	45	12	No	150	5 Rotating General	77311
La Crosse Lutheran Hospital ✦[1-3]-**x84** 1910 South Ave., La Crosse	Church	150	5,769	Req	46	12	No	200	3 Rotating General	77411
St. Francis Hospital [1-3]-**x34** 10th and Market St., La Crosse	Church	278	8,493	None	36	12	No	200	8 Rotating General	77511
Madison General Hospital ✦[1-3] 325 Mound St., Madison 5	NPAssn	223	1,507	None	42	12	No	125	12 Rotating General	77611
Methodist Hospital ✦[1-3] 309 W. Washington Ave., Madison 3	Church	135	5,470	Req	49	12	No	150	4 Rotating General	77711
St. Mary's Hospital ✦[1-3] 720 S. Brooks St., Madison 5	Church	240	9,209	Req	40	12	No	125	6 Rotating General	77811

Abbreviations and other references will be found on pages 303 and 304.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
WISCONSIN—Continued										
University Hospitals +[1-3]-X84 1300 University Ave., Madison 6	State	750	13,529	Req	73	12	No	25	25 Rotating General	77911
St. Joseph's Hospital +[1]-X84 St. Joseph's St., Marshfield	Church	245	7,160	Req	56	12	No	200	6 Rotating General	78011
Columbia Hospital +[1-3] 3321 N. Maryland Ave., Milwaukee 11	NPAssn	190	6,576	None	53	12	(268)	100	10 Rotating General	78111
Evangelical Deaconess Hospital +[1-3] 1821 W. Wisconsin Ave., Milwaukee 3	Church	138	7,243	Req	49	12	(270)	200	8 Rotating General	78211
Milwaukee Children's Hospital +[1-3-4]-X85 721 N. 17th St., Milwaukee 3	NPAssn	160	4,873	Req	76	12	No	100	2 Straight Ped.	78334
Milwaukee County Hospital +[1-3-4]-X85 8700 West Wisconsin Ave., Milwaukee 13	County	900	23,994	Req	26	12	(273)	10	40 Rotating General	78411
Milwaukee Hospital +[1-3]-X85 2200 W. Kilbourn Ave., Milwaukee 3	Church	301	10,530	Req	48	12	(268)	100	10 Rotating General	78511
Misericordia Hospital [1-3] 1255 N. 22d St., Milwaukee 3	Church	180	6,653	Req	60	12	No	200	4 Rotating General	89711
Mount Sinai Hospital +[1-3] 908 N. 12th St., Milwaukee 3	NPAssn	184	8,788	Req	28	12	No	200	12 Rotating General	78711
St. Joseph's Hospital +[1]-X85 5000 W. Chambers St., Milwaukee 10	Church	366	14,619	Req	51	12	(271)	100	14 Rotating General	78811
St. Luke's Hospital +[1-3] Oklahoma Ave. and S. 29th St., Milwaukee 15	NPAssn	312	8,238	None	32	12	(269)	200	13 Rotating General	78911
St. Mary's Hospital +[1] 2320 N. Lake Dr., Milwaukee 11	Church	235	8,382	Req	49	12	No	100	7 Rotating General	79011
Theda Clark Memorial Hospital [1] 215 Lincoln St., Neenah	NPAssn	170	5,595	None	30	12	No	150	2 Rotating General	79222
Mercy Hospital [1] 185 Hazel St., Oshkosh	Church	216	7,040	None	20	12	No	200	4 Rotating General	79311
St. Mary's Hospital [1]-X84 Maple Hill, Wausau	Church	230	8,932	None	32	12	No	150	4 Rotating General	79511
CANAL ZONE—Hospitals, 1; Internships, 14										
Gorgas Hospital +[3] Ancon Personnel Director, Panama Canal Company, Balboa Heights, Canal Zone	Fed	499	6,623	Req	70	12	No	198	14 Rotating General	80611
HAWAII—Hospitals, 2; Internships, 21										
Queen's Hospital + Punchbowl and Miller Sts., Honolulu 9	NPAssn	359	14,072	Req	67	12	No	100	12 Rotating General	80811
St. Francis Hospital +[1-3] 2.60 Liliha St., Honolulu 17	Church	213	7,755	Req	46	12	No	75	9 Rotating General	80911

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. The number and type of internships as listed represent appointments for the intern year 1954-1955.

Hospitals, 20; Internships, 208

City Hospital + 850 St. Anthony St., Mobile 16, Ala.	CyCo	277	10,646	Req	47	12	No	100	15 Rotating General	
South Shore Hospital +[1-3] 8015 S. Luella Ave., Chicago 17, Ill.	NPAssn	150	6,135	Req	32	12	(141)	200	7 Rotating General	
Lutheran Deaconess Home and Hospital +[1-3] 1412 E. 24th St., Minneapolis 4, Minn.	NPAssn	160	7,284	None	50	12	No	100	3 Rotating General	
Alexian Brothers Hospital [3] 655 E. Jersey St., Elizabeth 1, N. J.	Church	166	3,519	Req	25	12	(205)	100	6 Rotating General	
Mother Cabrini Memorial Hospital +[1-3] 611 Edgecombe Ave., New York 32, N. Y.	NPAssn	170	3,695	Req	23	12	No	75	8 Rotating General	
New York Infirmary +[2-3] 321 E. 15th St., New York 3, N. Y.	NPAssn	...	2,389	Req	53	12	No	75	5 Rotating General	
Mercy Hospital +[1-3]-X70 1400-1430 Locust St., Pittsburgh 19, Pa.	Church	655	16,885	Req	27	12	No	150	24 Rotating General	
St. Francis Hospital +[1-3-4]-X70 45th St., Pittsburgh 1, Pa.	NPAssn	691	14,636	Req	36	12	No	150	20 Rotating General	
South Side Hospital +[1-3] S. Twentieth and Jane Sts., Pittsburgh 3, Pa.	NPAssn	303	8,267	Req	22	12	No	225	8 Rotating General	
Washington Hospital [1] 155 Wilson Ave., Washington, Pa.	NPAssn	204	6,568	Req	20	12	No	200	6 Rotating General	
Memorial Hospital +[1] Prospect St., Pawtucket, R. I.	NPAssn	214	7,839	Req	27	12	No	75	8 Rotating General	
Knoxville General Hospital +[1-4] Cleveland Pl., Knoxville 17, Tenn.	City	285	9,988	Req	21	12	No	100	10 Rotating General	
City of Memphis Hospitals +[1-3-4]-X73 869 Madison, Memphis, Tenn.	City	564	20,525	Req	55	12	No	55	36 Rotating General	
Seattle General Hospital Fifth Ave. at Marion St., Seattle 4, Wash.	NPAssn	116	4,876	None	41	12	(265)	150	5 Rotating General	
St. Michael Hospital +[1-3] 1845 N. Fourth, Milwaukee 12, Wis.	Church	137	4,759	Req	89	12	(272)	150	3 Rotating General	
Arecibo District Hospital [1-3] Arecibo, P. R.	State	360	6,116	Req	25	12	(274)	75	6 Rotating General	
Bayamon Charity District Hospital +[1-3]-X86 Insular Highway 22, Bayamon, P. R.	State	266	7,962	Req	49	12	No	75	12 Rotating General	
Fajardo District Hospital [1] General Valero Ave., Fajardo, P. R.	State	305	6,915	Req	19	12	(274)	75	8 Rotating General	
Presbyterian Hospital [1-3]-X85 Ashford Ave., San Juan 1, P. R.	Church	124	4,017	Req	37	12	No	50	6 Rotating General	
San Juan City Hospital +[1-3]-X85 De Diego Ave., San Juan 34, P. R.	City	340	10,198	Req	54	12	No	75	12 Rotating General	

Abbreviations and other references will be found on pages 303 and 304.

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HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

The following list of hospitals which conform to the standards of the Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. Hospitals that are unqualifiedly approved as conforming to the standards of the Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals approved for intern training by the Council.

This list, revised to Sept. 1, 1953, has been furnished by the Canadian Medical Association.

Name of Hospital	Location
St. John's General Hospital	St. John's, Nfld.
Camp Hill Hospital	Halifax, N. S.
Halifax Infirmary	Halifax, N. S.
Victoria General Hospital	Halifax, N. S.
Moncton Hospital	Moncton, N. B.
Saint John General Hospital	Saint John, N. B.
Hotel-Dieu St.-Vallier	Chicoutimi, Que.
Children's Memorial Hospital	Montreal, Que.
Herbert Reddy Memorial Hosp	Montreal, Que.
Hospital Sainte-Jeanne-d'Arc	Montreal, Que.
Hospital Sainte-Justine	Montreal, Que.
Hospital Saint-Luc	Montreal, Que.
Hotel Dieu de Montreal	Montreal, Que.
Jewish General Hospital	Montreal, Que.
Montreal General Hospital	Montreal, Que.
Notre-Dame Hospital	Montreal, Que.
Queen Elizabeth Hospital	Montreal, Que.
Queen Mary Veteran's Hospital	Montreal, Que.
Royal Victoria Hospital	Montreal, Que.
St. Mary's Hospital	Montreal, Que.
Hospital de l'Enfant Jesus	Quebec, Que.
Jeffery Hale's Hospital	Quebec, Que.
L'Hotel-Dieu, Quebec	Quebec, Que.
Saint-Sacrement Hospital	Quebec, Que.
Veteran's Hospital	Quebec, Que.
Ste. Anne's Hospital	Ste. Anne de Bellevue, Que.
Sherbrooke Hospital	Sherbrooke, Que.
Hospital General de Verdun	Verdun, Que.
Brantford General Hospital	Brantford, Ont.
Hamilton General Hospital	Hamilton, Ont.
St. Joseph's Hospital	Hamilton, Ont.
Hotel Dieu Hospital	Kingston, Ont.
Kingston General Hospital	Kingston, Ont.
Kitchener-Waterloo Hospital	Kitchener, Ont.
St. Joseph's Hospital	London, Ont.
Victoria Hospital	London, Ont.
Westminster Hospital	London, Ont.
Oshawa General Hospital	Oshawa, Ont.
Ottawa Civic Hospital	Ottawa, Ont.
Ottawa General Hospital	Ottawa, Ont.
Peterborough Civic Hosp	Peterborough, Ont.
General Hosp. of Port Arthur	Port Arthur, Ont.
St. Catharines Gen. Hosp	St. Catharines, Ont.
Hospital for Sick Children	Toronto, Ont.
Mount Sinai Hospital	Toronto, Ont.
St. Joseph's Hospital	Toronto, Ont.
St. Michael's Hospital	Toronto, Ont.
Sunnybrook Veterans' Hospital	Toronto, Ont.
Toronto East Gen. Hosp	Toronto, Ont.
Toronto General Hospital	Toronto, Ont.
Toronto Western Hospital	Toronto, Ont.
Women's College Hospital	Toronto, Ont.
Grace Hospital	Windsor, Ont.
Hotel Dieu of St. Joseph	Windsor, Ont.
Metropolitan Hospital	Windsor, Ont.
St. Boniface Gen. Hosp	St. Boniface, Man.
Children's Hospital	Winnipeg, Man.
Deer Lodge Hospital	Winnipeg, Man.
Misericordia Hospital	Winnipeg, Man.
Winnipeg General Hospital	Winnipeg, Man.
Regina General Hospital	Regina, Sask.
Regina Grey Nuns' Hospital	Regina, Sask.
St. Paul's Hospital	Saskatoon, Sask.
Saskatoon City Hospital	Saskatoon, Sask.
Calgary General Hospital	Calgary, Alta.
Colonel Belcher Hospital	Calgary, Alta.
Holy Cross Hospital	Calgary, Alta.
Edmonton General Hospital	Edmonton, Alta.
Misericordia Hospital	Edmonton, Alta.
Royal Alexandra Hospital	Edmonton, Alta.
University of Alberta Hospital	Edmonton, Alta.
Royal Columbian Hosp.	New Westminster, B. C.
St. Paul's Hospital	Vancouver, B. C.
Shaughnessy Hospital	Vancouver, B. C.
Vancouver General Hospital	Vancouver, B. C.
Royal Jubilee Hospital	Victoria, B. C.
St. Joseph's Hospital	Victoria, B. C.
Veterans' Hospital	Victoria, B. C.

ABBREVIATIONS AND NOTES

1. Appointments available to women applicants
2. Appointments restricted to women applicants
3. Appointments available to graduates of foreign medical schools. Details regarding requirements for appointment can be secured from the hospitals concerned.
4. Dental internships available
5. Available to citizens of the United States only
6. General Practice internships

* Male patients only.

\+ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships.

CyCo	City and County	Op	Optional
Corp	Corporation unrestricted as to profit	Req	Required
NPAssn	Nonprofit association		
Part	Partnership		

Medical School Affiliations

Footnotes 10 to 86 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. College of Medical Evangelists School of Medicine, Loma Linda, Los Angeles, Calif.
13. University of California at Los Angeles School of Medicine, Los Angeles, Calif.
14. University of Southern California School of Medicine, Los Angeles, Calif.
15. Stanford University School of Medicine, San Francisco, Calif.
16. University of California School of Medicine, San Francisco, Calif.
17. University of Colorado School of Medicine, Denver, Colo.
18. Yale University School of Medicine, New Haven, Conn.
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. Emory University School of Medicine, Atlanta (Emory University), Ga.
23. Medical College of Georgia, Augusta, Ga.
24. Chicago Medical School, Chicago, Ill.
25. Northwestern University Medical School, Chicago, Ill.
26. Stritch School of Medicine of Loyola University, Chicago, Ill.
27. University of Chicago Medical School, Chicago, Ill.
28. University of Illinois College of Medicine, Chicago, Ill.
29. Indiana University School of Medicine, Bloomington-Indianapolis, Ind.
30. State University of Iowa College of Medicine, Iowa City, Iowa
31. University of Kansas School of Medicine, Lawrence-Kansas City, Kan.
32. University of Louisville School of Medicine, Louisville, Ky.
33. Louisiana State University School of Medicine, New Orleans, La.
34. Tulane University of Louisiana School of Medicine, New Orleans, La.
35. Johns Hopkins University School of Medicine, Baltimore, Md.
36. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, Md.
37. Boston University School of Medicine, Boston, Mass.
38. Harvard Medical School, Boston, Mass.
39. Tufts College Medical School, Boston, Mass.
40. University of Michigan Medical School, Ann Arbor, Mich.
41. Wayne University College of Medicine, Detroit, Mich.
42. University of Minnesota Medical School, Minneapolis, Minn.
43. St. Louis University School of Medicine, St. Louis, Mo.
44. Washington University School of Medicine, St. Louis, Mo.
45. Creighton University School of Medicine, Omaha, Neb.
46. University of Nebraska College of Medicine, Omaha, Neb.
47. Dartmouth Medical School, Hanover, N. H.
48. Albany Medical College, Albany, N. Y.
49. University of Buffalo School of Medicine, Buffalo, N. Y.
50. Columbia University College of Physicians and Surgeons, New York, N. Y.
51. Cornell University Medical College, New York, N. Y.
52. New York Medical College, New York, N. Y.
53. New York University College of Medicine, New York, N. Y.
54. State University of New York College of Medicine at New York City, Brooklyn, N. Y.
55. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
56. State University of New York at Syracuse College of Medicine, Syracuse, N. Y.
57. University of North Carolina School of Medicine, Chapel Hill, N. C.
58. Duke University School of Medicine, Durham, N. C.
59. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
60. University of Cincinnati College of Medicine, Cincinnati, Ohio
61. Western Reserve University School of Medicine, Cleveland, Ohio
62. Ohio State University College of Medicine, Columbus, Ohio
63. University of Oklahoma School of Medicine, Oklahoma City, Okla.
64. University of Oregon Medical School, Portland, Ore.
65. Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, Pa.
66. Jefferson Medical College of Philadelphia, Philadelphia, Pa.
67. Temple University School of Medicine, Philadelphia, Pa.
68. University of Pennsylvania School of Medicine, Philadelphia, Pa.
69. Woman's Medical College of Pennsylvania, Philadelphia, Pa.
70. University of Pittsburgh School of Medicine, Pittsburgh, Pa.
71. Medical College of the State of South Carolina, Charleston, S. C.
72. University of South Dakota School of Medicine, Vermillion, S. D.
73. University of Tennessee College of Medicine, Memphis, Tenn.
74. Meharry Medical College, Nashville, Tenn.
75. Vanderbilt University School of Medicine, Nashville, Tenn.
76. Southwestern Medical School of the University of Texas, Dallas, Texas
77. University of Texas School of Medicine, Galveston, Texas
78. Baylor University College of Medicine, Houston, Texas
79. University of Utah School of Medicine, Salt Lake City, Utah
80. University of Vermont College of Medicine, Burlington, Vt.
81. University of Virginia School of Medicine, Charlottesville, Va.
82. Medical College of Virginia, Richmond, Va.
83. University of Washington School of Medicine, Seattle, Wash.
84. University of Wisconsin Medical School, Madison, Wis.
85. Marquette University School of Medicine, Milwaukee, Wis.
86. University of Puerto Rico School of Medicine, San Juan, Puerto Rico

Affiliations as Referred to in Column Headed: "Affiliated Service"

100. Children's Hospital, Birmingham
101. Maricopa County Hospital, Phoenix
102. Pima County General Hospital, Tucson
103. University Hospital, Little Rock
104. Veterans Admin. Hospital, Fort Roots, Ark.
105. Children's Hospital, Long Beach
106. California Hospital, Los Angeles
107. Children's Hospital, Los Angeles
108. Los Angeles County Hospital, Los Angeles
109. Los Angeles County Hospital, Los Angeles
St. John's and Santa Monica Hospitals, Santa Monica
110. Fairmont Hospital of Alameda County, Oakland
111. Children's Hospital, San Francisco
112. Children's Hospital; Mary's Help Hospital; and St. Luke's Hospital, San Francisco
113. Children's and San Francisco Hospitals, San Francisco
114. Santa Barbara General Hospital, Santa Barbara
115. Santa Monica Hospital, Santa Monica
116. Vallejo Permanente Hospital, Vallejo
117. Boulder Colorado Sanitarium; Boulder County Hospital, Denver
118. Children's Hospital, Denver
119. Community Hospital program includes 6 months assignment to Denver General Hospital and 6 months assignment in an approved private hospital in Denver
120. University of Colorado Medical Center, Denver
121. Hartford Hospital, Hartford
122. J. J. McCook Memorial Hospital for Communicable Diseases, Hartford
123. Southbury Training School, Ped., Southbury
124. Gallinger Municipal Hospital, Washington, D. C.
125. Gallinger Municipal and Children's Hospitals, Washington, D. C.
126. Georgetown University Hospital, Washington, D. C.
127. Veterans Admin. Hospital, Bay Pines, Fla., American Legion Crippled Children's Hospital, St. Petersburg
128. National Children's Cardiac Home, Ped., Miami
129. St. Mary's Hospital, Athens, Ga.
130. Grady Memorial Hospital, Atlanta
131. Grady Memorial Hospital, Atlanta; Emory University Hospital, Emory University
132. St. Joseph's Catholic Hospital, Augusta
133. University Hospital, Ob.-Gyn., Augusta
134. Chicago Lying-In Hospital, Chicago
135. Children's Memorial Hospital, Chicago
136. Children's Memorial Hospital; Veterans Admin. Hospital; Wesley Memorial Hospital, Chicago; Evanston Hospital, Evanston
137. Cook County and Frank Cuneo Hospitals, Chicago
138. Holy Cross Hospital, Ob.-Gyn., Chicago; Alexian Brothers Hospital, Psych., St. Louis
139. Mercy Hospital, Ped., Chicago
140. Municipal Contagious Disease Hospital, Chicago
141. Municipal Contagious Disease Hospital; Presbyterian Hospital, Chicago
142. Decatur City Public Hospital; Macon County T.B. Sanitorium, Decatur
143. Winnebago Sanatorium, Winfield
144. James Whitcomb Riley Hospital for Children, Indianapolis
145. Northern Indiana Children's Hospital, South Bend
146. Broadlawns Polk County Hospital, Des Moines
147. Sedgwick County Hospital, Wichita
148. Children's Hospital, Louisville
149. Children's Hospital; Jewish Hospital, Louisville
150. Our Lady of Peace Hospital, Louisville
151. St. Joseph Infirmary, Louisville
152. Charity Hospital, New Orleans
153. Central Louisiana State Hospital, Pineville
154. Confederate Memorial Medical Center, Shreveport
155. Children's Hospital School, Baltimore
156. Children's Hospital; Baltimore City Hospital, Ped., Baltimore
157. Johns Hopkins Hospital, Baltimore
158. University Hospital, Baltimore
159. Baltimore City Hospital; University Hospital, Baltimore
160. Boston City Hospital, Boston
161. Boston Floating Hospital, Boston
162. Eastern Maine General Hospital, Bangor; Boston City Hospital, Boston Dispensary, Boston Floating Hospital, Boston
163. New England Deaconess Hospital; Peter Bent Brigham Hospital, Boston
164. Boston Lying-In Hospital, Boston
165. Haynes Memorial Hospital, Brighton
166. St. Margaret's Hospital, Dorchester
167. Wesson Maternity Hospital, Springfield
168. University Hospital, Ann Arbor
169. Children's Hospital, Detroit
170. Children's Hospital; Herman Kiefer Hospital, Detroit
171. Children's Hospital; City of Detroit Receiving Hospital, Detroit
172. Harper Hospital, Detroit
173. Herman Kiefer Hospital; Woman's Hospital, Detroit
174. Herman Kiefer Hospital; City of Detroit Receiving Hospital, Detroit
175. Herman Kiefer Hospital, Cont., Detroit; St. Joseph Retreat Hospital, Psych., Dearborn
176. Hurley Hospital, Flint
177. Genesee County T.B. Sanatorium; Hurley Hospital, Flint
178. McLaren General Hospital, Flint
179. Cardiac Clinic, Med.; Evangeline Home and Hospital, Ob., Grand Rapids
180. Bronson Methodist Hospital, Kalamazoo
181. Ingham County T.B. Sanatorium, Lansing
182. Oakland County Contag. Hospital; Oakland County T.B. Sanatorium; Pontiac State Hospital, Pontiac
183. Saginaw County Hospital; Saginaw County Infirmary, Saginaw
184. Miller Memorial Hospital, Duluth
185. Minneapolis General Hospital, Minneapolis
186. University of Minnesota Hospitals, Minneapolis
187. Ancker Hospital; Charles T. Miller Hospital, St. Paul
188. Children's Hospital, St. Paul
189. Kenny Institute, Minneapolis; Children's Hospital, St. Paul
190. Gillette State Hospital for Crippled Children, St. Paul
191. Mississippi State Charity Hospital, Vicksburg
192. Children's Mercy Hospital, Kansas City, Mo.
193. Home for Jewish Aged, Kansas City, Mo.
194. Alexian Brothers Hospital, St. Louis
195. Barnes Hospital, Med.; St. Louis Children's Hospital, Ped., St. Louis
196. St. Louis City Hospital, Ped., St. Louis
197. St. Louis Children's Hospital; St. Louis City Hospital, St. Louis
198. St. Louis County Hospital; St. Louis Maternity Hospital, St. Louis; Burge Hospital, Springfield
199. St. Mary's Infirmary, St. Louis
200. Children's Memorial Hospital, Omaha
201. Children's Memorial Hospital; Douglas County Hospital, Omaha
202. Douglas County Hospital, Omaha
203. Douglas County Hospital, Omaha; St. Bernard's Hospital, Psych., Council Bluffs, Ia.
204. Children's Seashore Home; Clyde Fish Memorial Hospital; Betty Bacharach Home, Atlantic City
205. St. Elizabeth Hospital, Elizabeth
206. Medical Center, Jersey City
207. Margaret Hague Maternity Hospital, Jersey City
208. Margaret Hague Maternity Hospital, Jersey City
209. Babies Hospital-Coit Memorial; Newark City Hospital, Newark
210. Anthony N. Brady Maternity Hospital, Albany
211. Kingston Avenue Hospital, Brooklyn
212. Children's Hospital, Buffalo
213. E. J. Meyer Memorial Hospital, Buffalo
214. Emergency Hospital, Buffalo
215. Chemung County T.B. Sanatorium, Elmira
216. Geneva General Hospital, Geneva
217. Bellevue Hospital Center, New York City
218. Beth Israel Hospital, Ob., New York City
219. Lincoln Hospital, New York City
220. Misericordia Hospital, Ob., Ped., and Gyn., New York City
221. Willard Parker Hospital, New York City
222. Genesee Hospital, Rochester, N. Y.
223. Strong Memorial Hospital, Rochester
224. Gleniride Sanatorium, Schenectady
225. City Hospital; Crouse-Irving Hospital; Psychopathic Hospital; Syracuse Memorial Hospital; University Hospital; Syracuse Dispensary, Syracuse
226. Durham County T.B. Sanatorium; Pul. Dis.; Lincoln Hospital; Eastern Medical Center, D and S; McPherson Hospital, E.E.N.T.; Watts Hospital, Ped., Psych., Durham; Veterans Admin. Hospital, Roanoke; Fort Bragg Hospital, Ped., Fort Bragg, N. C.; Shriners Hospital for Crippled Children, Ortho., Greenville, S. C.; North Carolina Orthopedic Hospital, Ortho., Gastonia, N. C.; Armed Forces Institute of Pathology, Ortho., Washington, D. C.; Charlotte Memorial Hospital, Ortho., Charlotte; Warm Springs Foundation, Ortho., Warm Springs; Alfred I. Dupont Institute, Ortho., Wilmington, Del.
227. Children's Hospital, Ped., Akron
228. Children's Hospital, Ped., Cincinnati
229. Cincinnati General Hospital, Ped., Cincinnati
230. Daniel Drake Memorial Hospital for Chronic Diseases; Dunham Hospital, Cincinnati
231. City Hospital, Cleveland
232. St. Ann's Maternity Hospital, Cleveland
233. Children's Hospital, Columbus
234. Children's Hospital, Columbus; Maumee Valley Hospital, Toledo
235. Children's Hospital; Columbus Receiving Hospital; Ohio T.B. Hospital; St. Francis Hospital, Columbus
236. Lima State Hospital, Neuro., Psych., Lima
237. Contagious Disease Hospital; Toledo State Hospital; William W. Roche Memorial Hospital, Toledo
238. Valley View Hospital, Clinton; Mercy Hospital; St. Anthony's Hospital, Oklahoma City
239. University Hospitals, Oklahoma City
240. Providence Hospital, Ped., Portland
241. City Isolation Hospital; Shriners Hospital for Crippled Children, Portland
242. Children's Hospital, Ped., Philadelphia
243. Hospital of the University of Pennsylvania, Philadelphia
244. Philadelphia Hospital for Contagious Diseases, Philadelphia
245. Presbyterian Hospital, Philadelphia
246. St. Christopher's Hospital for Children, Philadelphia
247. Children's Hospital; Elizabeth Steele McGee Hospital; Eye and Ear Hospital, Pittsburgh
248. Charles V. Chapin Hospital, Providence
249. Providence Lying-In Hospital, Providence
250. East Tennessee T.B. Hospital, Knoxville
251. Memphis E.E.N. and T. Hospital; West Tennessee T.B. Hospital, Memphis
252. Nashville General Hospital, Nashville
253. Vanderbilt University Hospital, Nashville
254. Children's Medical Center, Ped., Dallas
255. Parkland Hospital, Dallas
256. Jefferson Davis Hospital, Houston
257. Gulf, Colorado and Santa Fe Railroad Hospital, Temple
258. Utah State T.B. Sanatorium, Ogden
259. Dr. W. H. Groves Latter-Day Saints Hospital; Holy Cross Hospital; St. Benedict's Hospital; Salt Lake County General Hospital, Salt Lake City
260. Veterans Admin. Hospital, Salt Lake City
261. Arlington Hospital, Arlington, Va.; Prince George General Hospital, Cheverly, Md.
262. Blue Ridge Sanatorium, Charlottesville; Kings Daughters Hospital, Staunton; Lynchburg General Hospital, Lynchburg
263. Medical College of Virginia—Hospital Division, Richmond
264. Southside Community Hospital, Farmville; Rainford Memorial Hospital, Franklin; Northampton-Accomack Memorial Hospital, Nassawadox; Mary Washington Hospital, Fredericksburg; Richmond Eye, Ear, Nose, and Throat Hospital, Richmond; St. Luke's Hospital, Richmond; Stuart Circle Hospital, Richmond; Louise Obici Memorial Hospital, Suffolk
265. Children's Orthopedic Hospital, Seattle
266. U. S. Army Hospital, Fort Lawton, Seattle
267. Booth Memorial Hospital; Shriners Hospital for Crippled Children, Spokane
268. Milwaukee Children's Hospital, Milwaukee
269. Milwaukee County Hospital, Milwaukee
270. Johnston Emergency Hospital; South View Hospital, (Isolation City); Milwaukee Children's Hospital; Milwaukee County Hospital, Ames, Milwaukee
271. St. Michael's Hospital, Milwaukee
272. South View Hospital, Milwaukee
273. St. Joseph's Hospital; South View Hospital, Milwaukee
274. Bayamon District Hospital, Path., Bayamon, P. R.
275. Variety Children's Hospital, Miami

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APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING GENERAL

Number of Approved Programs, 804

FEDERAL

UNITED STATES ARMY

Army and Navy General Hospital	Hot Springs National Park, Ark.
Letterman Army Hospital	San Francisco
Fitzsimons Army Hospital	Denver
Army Medical Center	Washington, D. C.
Murphy Army Hospital	Waltham, Mass.
Percy Jones Army Hospital	Battle Creek, Mich.
Valley Forge Army Hospital	Phoenixville, Pa.
William Beaumont Army Hospital	El Paso, Tex.
Brooke Army Medical Center	San Antonio, Tex.
Madigan Army Hospital	Fort Lewis, Wash.
Tripler Army Hospital	Moanalua, Honolulu, T. H.

UNITED STATES NAVY

U. S. Naval Hospital	Oakland, Calif.
U. S. Naval Hospital	Oceanside, Calif.
U. S. Naval Hospital	San Diego, Calif.
U. S. Naval Hospital	Jacksonville, Fla.
U. S. Naval Hospital	Pensacola, Fla.
U. S. Naval Hospital	Great Lakes, Ill.
U. S. Naval Hospital	Bethesda, Md.
U. S. Naval Hospital	Chelsea, Mass.
U. S. Naval Hospital	St. Albans, N. Y.
U. S. Naval Hospital	Philadelphia
U. S. Naval Hospital	Newport, R. I.
U. S. Naval Hospital	Charleston, S. C.
U. S. Naval Hospital	Portsmouth, Va.
U. S. Naval Hospital	Bremerton, Wash.

U. S. PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital	San Francisco
U. S. Public Health Service Hospital	New Orleans, La.
U. S. Public Health Service Hospital	Baltimore
U. S. Public Health Service Hospital	Staten Island, N. Y.
U. S. Public Health Service Hospital	Seattle

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Freedmen's Hospital	Washington, D. C.
St. Elizabeths Hospital	Washington, D. C.

VETERANS ADMINISTRATION

Veterans Admin. Hospital	Little Rock, Ark.
Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Dearborn, Mich.
Veterans Admin. Hospital	Oklahoma City, Okla.
Veterans Admin. Hospital	Houston, Tex.
Veterans Admin. Hospital	Salt Lake City

OTHER FEDERAL

Gorgas Hospital	Ancon, C. Z.
Bayamon District Hospital	Bayamon, P. R.

NONFEDERAL

Birmingham Baptist Hospital	Birmingham, Ala.
Carraway Methodist Hospital	Birmingham, Ala.
Jefferson-Hillman Hospital	Birmingham, Ala.
St. Vincent's Hospital	Birmingham, Ala.
Lloyd Noland Hospital	Fairfield, Ala.
Holy Name of Jesus Hospital	Gadsden, Ala.
City Hospital	Mobile, Ala.
Maricopa County General Hospital	Phoenix, Ariz.
Memorial Hospital	Phoenix, Ariz.
St. Joseph's Hospital	Phoenix, Ariz.
St. Mary's Hospital and Sanatorium	Tucson, Ariz.
Tucson Medical Center	Tucson, Ariz.
Arkansas Baptist Hospital	Little Rock, Ariz.
St. Vincent Infirmary	Little Rock, Ariz.
University Hospital	Little Rock, Ariz.
General Hospital of Riverside County	Arlington, Calif.
Herrick Memorial Hospital	Berkeley, Calif.
San Joaquin General Hospital	French Camp, Calif.
General Hospital of Fresno County	Fresno, Calif.
Glendale Sanitarium and Hospital	Glendale, Calif.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.
St. Mary's Long Beach Hospital	Long Beach, Calif.
Seaside Memorial Hospital	Long Beach, Calif.
California Hospital	Los Angeles

NONFEDERAL—Continued

Cedars of Lebanon Hospital	Los Angeles
Hospital of the Good Samaritan	Los Angeles
Los Angeles County Hospital	Los Angeles
Methodist Hospital of Southern California	Los Angeles
Presbyterian Hospital-Olmsted Memorial	Los Angeles
Queen of Angels Hospital	Los Angeles
St. Vincent's Hospital	Los Angeles
Santa Fe Coast Lines Hospital	Los Angeles
White Memorial Hospital	Los Angeles
Highland-Alameda County Hospital	Oakland, Calif.
Kaiser Foundation Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hosp.	Pasadena, Calif.
St. Luke Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
St. Joseph's Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
University of California Hospital	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
St. John's Hospital	Santa Monica, Calif.
Santa Monica Hospital	Santa Monica, Calif.
Harbor General Hospital	Torrance, Calif.
Glockner-Penrose Hospital	Colorado Spgs., Colo.
General Rose Memorial Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
University of Colorado Medical Center	Denver
Colorado General Hospital	Denver
Denver General Hospital	Denver
Weld County General Hospital	Greeley, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Danbury Hospital	Danbury, Conn.
Hartford Hospital	Hartford, Conn.
McCook Memorial Hospital	Hartford, Conn.
Mount Sinai Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Manchester Memorial Hospital	Manchester, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.
Grace-New Haven Community Hospital	New Haven, Conn.
Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Associated Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
William W. Backus Hospital	Norwich, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
Central Dispensary and Emergency Hospital	Washington, D. C.
Doctors Hospital	Washington, D. C.
Gallinger Municipal Hospital	Washington, D. C.
Garfield Memorial Hospital	Washington, D. C.
Providence Hospital	Washington, D. C.
Sibley Memorial Hospital	Washington, D. C.
Washington Sanitarium and Hospital	Washington, D. C.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Mount Sinai Hospital	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Mound Park Hospital	St. Petersburg, Fla.
St. Mary's Hospital	West Palm Beach, Fla.
Athens General Hospital	Athens, Ga.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta
Georgia Baptist Hospital	Atlanta
Piedmont Hospital	Atlanta
St. Joseph's Infirmary	Atlanta
University Hospital	Augusta, Ga.
Columbus City Hospital	Columbus, Ga.
MacNeal Memorial Hospital	Berwyn, Ill.
Alexian Brothers Hospital	Chicago

NONFEDERAL—Continued

American Hospital	Chicago
Augustana Hospital	Chicago
Chicago Memorial Hospital	Chicago
Columbus Hospital	Chicago
Cook County Hospital	Chicago
Edgewater Hospital	Chicago
Englewood Hospital	Chicago
Evangelical Hospital	Chicago
Garfield Park Community Hospital	Chicago
Grant Hospital	Chicago
Henrotin Hospital	Chicago
Holy Cross Hospital	Chicago
Hospital of St. Anthony de Padua	Chicago
Illinois Central Hospital	Chicago
Illinois Masonic Hospital	Chicago
Jackson Park Hospital	Chicago
Loretto Hospital	Chicago
Lutheran Deaconess Home and Hospital	Chicago
Mercy Hospital	Chicago
Michael Reese Hospital	Chicago
Mother Cabrini Memorial Hospital	Chicago
Mount Sinai Hospital	Chicago
Norwegian American Hospital	Chicago
Passavant Memorial Hospital	Chicago
Presbyterian Hospital	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
St. Anne's Hospital	Chicago
St. Bernard's Hospital	Chicago
St. Elizabeth Hospital	Chicago
St. Joseph Hospital	Chicago
St. Luke's Hospital	Chicago
St. Mary of Nazareth Hospital	Chicago
South Chicago Community Hospital	Chicago
South Shore Hospital	Chicago
Swedish Covenant Hospital	Chicago
University of Chicago Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Walther Memorial Hospital	Chicago
Wesley Memorial Hospital	Chicago
Women and Children's Hospital	Chicago
Woodlawn Hospital	Chicago
Decatur and Macon County Hospital	Decatur, Ill.
St. Mary's Hospital	East St. Louis, Ill.
Memorial Hospital	Elmhurst, Ill.
Evanston Hospital	Evanston, Ill.
St. Francis Hospital	Evanston, Ill.
Little Company of Mary Hospital	Evergreen Park, Ill.
St. Joseph's Hospital	Joliet, Ill.
Moline Public Hospital	Moline, Ill.
Oak Park Hospital	Oak Park, Ill.
West Suburban Hospital	Oak Park, Ill.
Methodist Hospital of Central Illinois	Peoria, Ill.
St. Francis Hospital	Peoria, Ill.
Rockford Memorial Hospital	Rockford, Ill.
St. Anthony Hospital	Rockford, Ill.
Swedish American Hospital	Rockford, Ill.
Memorial Hospital	Springfield, Ill.
St. Francis Hospital	Beech Grove, Ind.
St. Catherine Hospital	East Chicago, Ind.
Protestant Deaconess Hospital	Evansville, Ind.
Lutheran Hospital	Fort Wayne, Ind.
St. Joseph Hospital	Fort Wayne, Ind.
Methodist Hospital	Gary, Ind.
St. Mary's Mercy Hospital	Gary, Ind.
St. Margaret Hospital	Hammond, Ind.
Indianapolis General Hospital	Indianapolis
Indiana University Medical Center	Indianapolis
Methodist Hospital	Indianapolis
St. Vincent's Hospital	Indianapolis
St. Elizabeth Hospital	La Fayette, Ind.
St. Joseph Hospital	Mishawaka, Ind.
Ball Memorial Hospital	Muncie, Ind.
Memorial Hospital	South Bend, Ind.
St. Joseph's Hospital	South Bend, Ind.
Mercy Hospital	Cedar Rapids, Ia.
St. Luke's Methodist Hospital	Cedar Rapids, Ia.
Mercy Hospital	Council Bluffs, Ia.
Mercy Hospital	Davenport, Ia.
Broadlawns Polk County Hospital	Des Moines, Ia.
Iowa Lutheran Hospital	Des Moines, Ia.
Iowa Methodist Hospital	Des Moines, Ia.
Mercy Hospital	Des Moines, Ia.
University Hospitals	Iowa City, Ia.
St. Joseph Mercy Hospital	Sioux City, Ia.
Bethany Hospital	Kansas City, Kans.
Providence Hospital	Kansas City, Kans.
St. Margaret Hospital	Kansas City, Kans.
University of Kansas Medical Center	Kansas City, Kans.
St. Francis Hospital	Wichita, Kans.
Wesley Hospital	Wichita, Kans.
Wichita-St. Joseph Hospital	Wichita, Kans.
St. Elizabeth Hospital	Covington, Ky.
Good Samaritan Hospital	Lexington, Ky.
St. Joseph Hospital	Lexington, Ky.
Kentucky Baptist Hospital	Louisville
Louisville General Hospital	Louisville
Norton Memorial Infirmary	Louisville
St. Anthony Hospital	Louisville
St. Joseph Infirmary	Louisville
SS. Mary and Elizabeth Hospital	Louisville
Baptist Hospital	Alexandria, La.
Baton Rouge General Hospital	Baton Rouge, La.
Charity Hospital of Louisiana	New Orleans

NONFEDERAL—Continued

Hotel Dieu-Sisters Hospital	New Orleans
Mercy Hospital	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
Confederate Memorial Medical Center	Shreveport, La.
North Louisiana Sanitarium	Shreveport, La.
Eastern Maine General Hospital	Bangor, Me.
Central Maine General Hospital	Lewiston, Me.
St. Mary's General Hospital	Lewiston, Me.
Maine General Hospital	Portland, Me.
Baltimore City Hospital	Baltimore
Bon Secours Hospital	Baltimore
Church Home and Hospital	Baltimore
Franklin Square Hospital	Baltimore
Lutheran Hospital	Baltimore
Maryland General Hospital	Baltimore
Mercy Hospital	Baltimore
St. Agnes Hospital	Baltimore
St. Joseph's Hospital	Baltimore
Sinai Hospital	Baltimore
South Baltimore General Hospital	Baltimore
Union Memorial Hospital	Baltimore
University Hospital	Baltimore
Suburban Hospital	Bethesda, Md.
Prince George's General Hospital	Cheverly, Md.
Washington County Hospital	Hagerstown, Md.
Beverly Hospital	Beverly, Mass.
Carney Hospital	Boston
New England Hospital	Boston
St. Elizabeth's Hospital	Brighton, Mass.
Brockton Hospital	Brockton, Mass.
Cambridge City Hospital	Cambridge, Mass.
Mount Auburn Hospital	Cambridge, Mass.
Truesdale Hospital	Fall River, Mass.
Union Hospital	Fall River, Mass.
Burbank Hospital	Fitchburg, Mass.
Holyoke Hospital	Holyoke, Mass.
Lawrence General Hospital	Lawrence, Mass.
Lowell General Hospital	Lowell, Mass.
St. John's Hospital	Lowell, Mass.
St. Joseph's Hospital	Lowell, Mass.
Lynn Hospital	Lynn, Mass.
St. Luke's Hospital	New Bedford, Mass.
Newton-Wellesley Hospital	Newton Lower Falls, Mass.
Pittsfield General Hospital	Pittsfield, Mass.
St. Luke's Hospital	Pittsfield, Mass.
Quincy City Hospital	Quincy, Mass.
Salem Hospital	Salem, Mass.
Mercy Hospital	Springfield, Mass.
Springfield Hospital	Springfield, Mass.
Wesson Memorial Hospital	Springfield, Mass.
Waltham Hospital	Waltham, Mass.
Memorial Hospital	Worcester, Mass.
St. Vincent Hospital	Worcester, Mass.
Worcester City Hospital	Worcester, Mass.
St. Joseph's Mercy Hospital	Ann Arbor, Mich.
Leila Y. Post Montgomery Hospital	Battle Creek, Mich.
City of Detroit Receiving Hospital	Detroit
Detroit Memorial Hospital	Detroit
Evangelical Deaconess Hospital	Detroit
Grace Hospital	Detroit
Harper Hospital	Detroit
Jennings Memorial Hospital	Detroit
Mt. Carmel Mercy Hospital	Detroit
Providence Hospital	Detroit
St. John Hospital	Detroit
St. Joseph Mercy Hospital	Detroit
Woman's Hospital	Detroit
Wayne County General Hospital and Infirmary	Eloise, Mich.
Hurley Hospital	Flint, Mich.
McLaren General Hospital	Flint, Mich.
St. Joseph Hospital	Flint, Mich.
Blodgett Memorial Hosptial	Grand Rapids, Mich.
Butterworth Hospital	Grand Rapids, Mich.
St. Mary's Hospital	Grand Rapids, Mich.
Bon Secours Hospital	Grosse Pointe, Mich.
Highland Park General Hospital	Highland Park, Mich
Borgess Hospital	Kalamazoo, Mich.
Bronson Methodist Hospital	Kalamazoo, Mich.
Edward W. Sparrow Hospital	Lansing, Mich.
St. Lawrence Hospital	Lansing, Mich.
Hackley Hospital	Muskegon, Mich.
Pontiac General Hospital	Pontiac, Mich.
St. Joseph Mercy Hospital	Pontiac, Mich.
Saginaw General Hospital	Saginaw, Mich.
St. Luke's Hospital	Saginaw, Mich.
St. Mary's Hospital	Saginaw, Mich.
James Decker Munson Hospital	Traverse City, Mich.
St. Luke's Hospital	Duluth, Minn.
St. Mary's Hospital	Duluth, Minn.
Abbott Hospital and Janney Children's Hospital	Minneapolis
Asbury Methodist Hospital	Minneapolis
Lutheran Deaconess Home and Hospital	Minneapolis
Minneapolis General Hospital	Minneapolis
Mount Sinai Hospital	Minneapolis
Northwestern Hospital	Minneapolis
St. Barnabas Hospital	Minneapolis
St. Mary's Hospital	Minneapolis
Swedish Hospital	Minneapolis
Ancker Hospital	St. Paul
Bethesda Hospital	St. Paul
Charles T. Miller Hospital	St. Paul
St. Joseph's Hospital	St. Paul
St. Luke's Hospital	St. Paul

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NONFEDERAL—Continued

Mississippi Baptist Hospital	Jackson, Miss.
Mercy Hospital-Street Memorial	Vicksburg, Miss.
St. Louis County Hospital	Clayton, Mo.
Kansas City General Hospital No. 1	Kansas City, Mo.
Kansas City General Hospital No. 2	Kansas City, Mo.
Menorah Hospital Medical Center	Kansas City, Mo.
Research Hospital	Kansas City, Mo.
St. Joseph Hospital	Kansas City, Mo.
St. Luke's Hospital	Kansas City, Mo.
St. Mary's Hospital	Kansas City, Mo.
Trinity Lutheran Hospital	Kansas City, Mo.
Missouri Methodist Hospital	St. Joseph, Mo.
St. Joseph's Hospital	St. Joseph, Mo.
Christian Hospital	St. Louis
De Paul Hospital	St. Louis
Evangelical Deaconess Hospital	St. Louis
Homer G. Phillips Hospital	St. Louis
Jewish Hospital	St. Louis
Missouri Baptist Hospital	St. Louis
St. Anthony's Hospital	St. Louis
St. John's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Luke's Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
St. James Hospital	Butte, Mont.
Montana Deaconess Hospital	Great Falls, Mont.
Bryan Memorial Hospital	Lincoln, Neb.
Lincoln General Hospital	Lincoln, Neb.
St. Elizabeth Hospital	Lincoln, Neb.
Bishop Clarkson Memorial Hospital	Omaha
Creighton Memorial-St. Joseph Hospital	Omaha
Immanuel Hospital	Omaha
Nebraska Methodist Hospital	Omaha
St. Catherine's Hospital	Omaha
University of Nebraska Hospital	Omaha
Mary Hitchcock Memorial Hospital	Hanover, N. H.
Atlantic City Hospital	Atlantic City, N. J.
Bayonne Hospital and Dispensary	Bayonne, N. J.
Cooper Hospital	Camden, N. J.
West Jersey Hospital	Camden, N. J.
East Orange General Hospital	East Orange, N. J.
Alexian Brothers Hospital	Elizabeth, N. J.
Elizabeth General Hospital and Dispensary	Elizabeth, N. J.
St. Elizabeth Hospital	Elizabeth, N. J.
Englewood Hospital	Englewood, N. J.
Hackensack Hospital	Hackensack, N. J.
St. Mary's Hospital	Hoboken, N. J.
Christ Hospital	Jersey City, N. J.
Medical Center—Jersey City Hospital	Jersey City, N. J.
St. Francis Hospital	Jersey City, N. J.
Monmouth Memorial Hospital	Long Branch, N. J.
Mountainside Hospital	Montclair, N. J.
All Souls Hospital	Morristown, N. J.
Morristown Memorial Hospital	Morristown, N. J.
Fitkin Memorial Hospital	Neptune, N. J.
Hospital of St. Barnabas and for Women and Children	Newark, N. J.
Newark Beth Israel Hospital	Newark, N. J.
Newark City Hospital	Newark, N. J.
Presbyterian Hospital	Newark, N. J.
St. Michael's Hospital	Newark, N. J.
St. Peter's General Hospital	New Brunswick, N. J.
Orange Memorial Hospital	Orange, N. J.
Bergen Pines County Hospital	Paramus, N. J.
Passaic General Hospital	Passaic, N. J.
St. Mary's Hospital	Passaic, N. J.
Barnert Memorial Hospital	Paterson, N. J.
Paterson General Hospital	Paterson, N. J.
St. Joseph Hospital	Paterson, N. J.
Perth Amboy General Hospital	Perth Amboy, N. J.
Muhlenberg Hospital	Plainfield, N. J.
Overlook Hospital	Summit, N. J.
Holy Name Hospital	Teaneck, N. J.
Mercer Hospital	Trenton, N. J.
St. Francis Hospital	Trenton, N. J.
William McKinley Memorial Hospital	Trenton, N. J.
North Hudson Hospital	Wechawken, N. J.
Albany Hospital	Albany, N. Y.
Memorial Hospital	Albany, N. Y.
St. Peter's Hospital	Albany, N. Y.
Binghamton City Hospital	Binghamton, N. Y.
Beth-El Hospital	Brooklyn
Brooklyn Hospital	Brooklyn
Coney Island Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Greenpoint Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hosp.	Brooklyn
Prospect Heights Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
St. Mary's Hospital	Brooklyn

NONFEDERAL—Continued

Unity Hospital	Brooklyn
Wyckoff Heights Hospital	Brooklyn
Buffalo General Hospital	Buffalo
Deaconess Hospital	Buffalo
Edward J. Meyer Memorial Hospital	Buffalo
Mercy Hospital	Buffalo
Millard Fillmore Hospital	Buffalo
Sisters of Charity Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Arnot Ogden Memorial Hospital	Elmira, N. Y.
St. Joseph's Hospital	Elmira, N. Y.
Flushing Hospital and Dispensary	Flushing, N. Y.
North Country Community Hospital	Glen Cove, N. Y.
Glens Falls Hospital	Glens Falls, N. Y.
Meadowbrook Hospital	Hempstead, N. Y.
Jamaica Hospital	Jamaica, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Our Lady of Victory Hospital	Lackawanna, N. Y.
St. John's Long Island City Hospital	Long Island City, N. Y.
Nassau Hospital	Mineola, N. Y.
Northern Westchester Hospital	Mount Kisco, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
St. Luke's Hospital	Newburgh, N. Y.
New Rochelle Hospital	New Rochelle, N. Y.
Beth David Hospital	New York City
Beth Israel Hospital	New York City
Bronx Hospital	New York City
Columbus Hospital	New York City
Fordham Hospital	New York City
French Hospital	New York City
Harlem Hospital	New York City
Hospital for Joint Diseases	New York City
Jewish Memorial Hospital	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Lenox Hill Hospital	New York City
Metropolitan Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York City Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. Vincent's Hospital	New York City
Sydenham Hospital	New York City
Mount St. Mary's Hospital	Niagara Falls, N. Y.
United Hospital	Port Chester, N. Y.
St. Francis Hospital	Poughkeepsie, N. Y.
Vassar Brothers Hospital	Poughkeepsie, N. Y.
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Park Avenue Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
St. Mary's Hospital	Rochester, N. Y.
Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.
Ellis Hospital	Schenectady, N. Y.
St. Clare's Hospital	Schenectady, N. Y.
St. Vincent's Hospital	Staten Island, N. Y.
Staten Island Hospital	Staten Island, N. Y.
St. Joseph's Hospital	Syracuse, N. Y.
State University of New York Medical Center	Syracuse, N. Y.
St. Mary's Hospital	Troy, N. Y.
Samaritan Hospital	Troy, N. Y.
Grasslands Hospital	Valhalla, N. Y.
St. Agnes Hospital	White Plains, N. Y.
White Plains Hospital	White Plains, N. Y.
St. John's Riverside Hospital	Yonkers, N. Y.
St. Joseph's Hospital	Yonkers, N. Y.
Yonkers General Hospital	Yonkers, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Charlotte Memorial Hospital	Charlotte, N. C.
Mercy Hospital	Charlotte, N. C.
Lincoln Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
Rex Hospital	Raleigh, N. C.
St. Agnes Hospital	Raleigh, N. C.
James Walker Memorial Hospital	Wilmington, N. C.
City Memorial Hospital	Winston-Salem, N. C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N. C.
St. John's Hospital	Fargo, N. D.
St. Luke's Hospital	Fargo, N. D.
Grand Forks Deaconess Hospital	Grand Forks, N. D.
City Hospital	Akron, Ohio
Peoples Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Aultman Hospital	Canton, Ohio
Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati
Cincinnati General Hospital	Cincinnati
Deaconess Hospital	Cincinnati

NONFEDERAL—Continued

Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
City Hospital	Cleveland
Evangelical Deaconess Hospital	Cleveland
Fairview Park Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
University Hospitals	Cleveland
Doctors Hospital	Cleveland Heights, Ohio
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
University Hospitals	
University Hospital	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth Hospital	Dayton, Ohio
Huron Road Hospital	East Cleveland, Ohio
Elyria Memorial Hospital	Elyria, Ohio
Euclid-Glenville Hospital	Euclid, Ohio
Marymount Hospital	Garfield Heights, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospitals	Lima, Ohio
Mercy Hospital	Springfield, Ohio
Springfield City Hospital	Springfield, Ohio
Flower Hospital	Toledo
Maumee Valley Hospital	Toledo
Mercy Hospital	Toledo
Riverside Hospital	Toledo
St. Vincent's Hospital	Toledo
Toledo Hospital	Toledo
St. Elizabeth Hospital	Youngstown, Ohio
Youngstown Hospital	Youngstown, Ohio
Mercy Hospital, Oklahoma City General	Oklahoma City
St. Anthony Hospital	Oklahoma City
University Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Memorial Hospital	Tulsa, Okla.
St. John's Hospital	Tulsa, Okla.
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore.
Providence Hospital	Portland, Ore.
St. Vincent's Hospital	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Fitzgerald Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Erie, Pa.
St. Vincent's Hospital	Erie, Pa.
Westmoreland Hospital	Greensburg, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
St. Joseph Hospital	Hazleton, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Nesbitt Memorial Hospital	Kingston, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph's Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.
Albert Einstein Medical Center	
Northern Division	Philadelphia
Southern Division	Philadelphia
Chestnut Hill Hospital	Philadelphia
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hosp. of the University of Pennsylvania	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Jefferson Medical College Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Mercy-Douglass Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Nazareth Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia

NONFEDERAL—Continued

St. Joseph's Hospital	Philadelphia
St. Luke's and Children's Medical Center	Philadelphia
St. Mary's Hospital	Philadelphia
Temple University Hospital	Philadelphia
Woman's Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
Presbyterian Hospital	Pittsburgh
St. Francis Hospital	Pittsburgh
St. John's General Hospital	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
St. Margaret Memorial Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Community General Hospital	Reading, Pa.
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Robert Packer Hospital	Sayre, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Chester County Hospital	West Chester, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkinsburg, Pa.
Divine Providence Hospital	Williamsport, Pa.
Williamsport Hospital	Williamsport, Pa.
York Hospital	York, Pa.
Newport Hospital	Newport, R. I.
Memorial Hospital	Pawtucket, R. I.
Rhode Island Hospital	Providence, R. I.
Roger Williams General Hospital	Providence, R. I.
St. Joseph's Hospital	Providence, R. I.
Roper Hospital	Charleston, S. C.
Columbia Hospital	Columbia, S. C.
McLeod Infirmary	Florence, S. C.
Greenville General Hospital	Greenville, S. C.
Orangeburg Regional Hospital	Orangeburg, S. C.
Spartanburg General Hospital	Spartanburg, S. C.
McKennan Hospital	Sioux Falls, S. D.
Sioux Valley Hospital	Sioux Falls, S. D.
Sacred Heart Hospital	Yankton, S. D.
Baroness Erlanger Hospital	Chattanooga, Tenn.
Holston Valley Community Hospital	Kingsport, Tenn.
East Tennessee Baptist Hospital	Knoxville, Tenn.
Fort Sanders Hospital	Knoxville, Tenn.
Knoxville General Hospital	Knoxville, Tenn.
St. Mary's Memorial Hospital	Knoxville, Tenn.
Baptist Memorial Hospital	Memphis
City of Memphis Hospitals	Memphis
Methodist Hospital	Memphis
St. Joseph Hospital	Memphis
Hubbard Hospital	Nashville, Tenn.
Mid-State Baptist Hospital	Nashville, Tenn.
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Oakridge Hospital	Oak Ridge, Tenn.
Brackenridge Hospital	Austin, Tex.
Memorial Hospital	Corpus Christi, Tex.
Baylor University Hospital	Dallas, Tex.
Methodist Hospital	Dallas, Tex.
Parkland Hospital	Dallas, Tex.
St. Paul's Hospital	Dallas, Tex.
El Paso General Hospital	El Paso, Tex.
City-County Hospital	Fort Worth, Tex.
Harris Hospital	Fort Worth, Tex.
St. Joseph's Hospital	Fort Worth, Tex.
University of Texas Medical Branch Hospitals	Galveston, Tex.
Hermann Hospital	Houston, Tex.
Jefferson Davis Hospital	Houston, Tex.
Methodist Hospital	Houston, Tex.
St. Joseph's Hospital	Houston, Tex.
Baptist Memorial Hospital	San Antonio, Tex.
Robert B. Green Memorial Hospital	San Antonio, Tex.
Santa Rosa Hospital	San Antonio, Tex.
Kings Daughters Hospital	Temple, Tex.
Scott and White Memorial Hospital	Temple, Tex.
Providence Hospital	Waco, Tex.
Wichita Falls Clinic Hospital	Wichita Falls, Tex.
St. Benedict's Hospital	Ogden, Utah
Thomas D. Dee Memorial Hospital	Ogden, Utah
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
Holy Cross Hospital	Salt Lake City
St. Mark's Hospital	Salt Lake City
Salt Lake County General Hospital	Salt Lake City
Bishop de Goesbriand Hospital	Burlington, Vt.
Mary Fletcher Hospital	Burlington, Vt.
Johnston Memorial Hospital	Abington, Va.
Alexandria Hospital	Alexandria, Va.
University of Virginia Hospital	Charlottesville, Va.
Memorial Hospital	Danville, Va.
Mary Immaculate Hospital	Newport News, Va.
Riverside Hospital	Newport News, Va.
De Paul Hospital	Norfolk, Va.
Norfolk General Hospital	Norfolk, Va.
Johnston-Willis Hospital	Richmond, Va.
Medical College of Virginia—Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Richmond, Va.
Stuart Circle Hospital	Richmond, Va.

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NONFEDERAL—Continued

Lewis Gale Hospital	Roanoke, Va.
Memorial and Crippled Children's Hospital	Roanoke, Va.
Winchester Memorial Hospital	Winchester, Va.
Columbus Hospital	Seattle, Wash.
Doctors Hospital	Seattle, Wash.
King County Hospital Unit No. 1 (Harborview)	Seattle, Wash.
Providence Hospital	Seattle, Wash.
Seattle General Hospital	Seattle, Wash.
Swedish Hospital	Seattle, Wash.
Virginia Mason Hospital	Seattle, Wash.
Deaconess Hospital	Spokane, Wash.
Sacred Heart Hospital	Spokane, Wash.
St. Luke's Hospital	Spokane, Wash.
Pierce County Hospital	Tacoma, Wash.
St. Joseph Hospital	Tacoma, Wash.
Tacoma General Hospital	Tacoma, Wash.
Bluefield Sanitarium	Bluefield, W. Va.
Charleston General Hospital	Charleston, W. Va.
Kanawha Valley Hospital	Charleston, W. Va.
Memorial Hospital	Charleston, W. Va.
St. Mary's Hospital	Huntington, W. Va.
Camden-Clark Memorial Hospital	Parkersburg, W. Va.
St. Joseph's Hospital	Parkersburg, W. Va.
Ohio Valley General Hospital	Wheeling, W. Va.
Wheeling Hospital	Wheeling, W. Va.
Luther Hospital	Eau Claire, Wis.
St. Agnes Hospital	Fond du Lac, Wis.
Mercy Hospital	Janesville, Wis.
La Crosse Lutheran Hospital	La Crosse, Wis.
St. Francis Hospital	La Crosse, Wis.
Madison General Hospital	Madison, Wis.
Methodist Hospital	Madison, Wis.
St. Mary's Hospital	Madison, Wis.
University Hospitals	Madison, Wis.
St. Joseph's Hospital	Marshfield, Wis.
Columbia Hospital	Milwaukee
Evangelical Deaconess Hospital	Milwaukee
Milwaukee County Hospital	Milwaukee
Milwaukee Hospital	Milwaukee
Misericordia Hospital	Milwaukee
Mount Sinai Hospital	Milwaukee
St. Joseph Hospital	Milwaukee
St. Luke's Hospital	Milwaukee
St. Mary's Hospital	Milwaukee
St. Michael Hospital	Milwaukee
Theda Clark Memorial Hospital	Neenah, Wis.
Mercy Hospital	Oshkosh, Wis.
St. Mary's Hospital	Wausau, Wis.
Queen's Hospital	Honolulu, T. H.
St. Francis Hospital	Honolulu, T. H.
Arecibo District Hospital	Arecibo, P. R.
Fajardo District Hospital	Fajardo, P. R.
Presbyterian Hospital	San Juan, P. R.
San Juan City Hospital	San Juan, P. R.

ROTATING (MED. MAJOR)

Number of Approved Programs, 16

Greenwich Hospital	Greenwich, Conn.
George Washington University Hospital	Washington, D. C.
Memorial Hospital	Elmhurst, Ill.
North Louisiana Sanitarium	Shreveport, La.
Holyoke Hospital	Holyoke, Mass.
University Hospital	Ann Arbor, Mich.
Henry Ford Hospital	Detroit
Missouri Baptist Hospital	St. Louis
St. Louis City Hospital	St. Louis
Misericordia Hospital	New York City
Holston Valley Community Hospital	Kingsport, Tenn.
Lynchburg General Hospital	Lynchburg, Va.
Riverside Hospital	Newport News, Va.
Norfolk General Hospital	Norfolk, Va.
Jefferson Hospital	Roanoke, Va.
Memorial Hospital	Charleston, W. Va.

ROTATING (SURG. MAJOR)

Number of Approved Programs, 21

Greenwich Hospital	Greenwich, Conn.
George Washington University Hospital	Washington, D. C.
Mount Sinai Hospital	Chicago
Ravenswood Hospital	Chicago
Memorial Hospital	Elmhurst, Ill.
Mercy Hospital	Iowa City, Iowa
North Louisiana Sanitarium	Shreveport, La.
T. E. Schumpert Memorial Hospital	Shreveport, La.
Holyoke Hospital	Holyoke, Mass.
University Hospital	Ann Arbor, Mich.
Henry Ford Hospital	Detroit
Missouri Baptist Hospital	St. Louis
Holy Name Hospital	Teaneck, N. J.
Bellevue Hospital Center	
First Surgical Division—Columbia University	New York City
Misericordia Hospital	New York City

ROTATING (SURG. MAJOR)—Continued

Holston Valley Community Hospital	Kingsport, Tenn.
Lynchburg General Hospital	Lynchburg, Va.
Riverside Hospital	Newport News, Va.
Norfolk General Hospital	Norfolk, Va.
Jefferson Hospital	Roanoke, Va.
Memorial Hospital	Charleston, W. Va.

ROTATING (PED. MAJOR)

Number of Approved Programs, 6

Memorial Hospital	Elmhurst, Ill.
University Hospital	Ann Arbor, Mich.
Misericordia Hospital	New York City
Riverside Hospital	Newport News, Va.
Norfolk General Hospital	Norfolk, Va.
Memorial Hospital	Charleston, W. Va.

ROTATING (OB.-GYN. MAJOR)

Number of Approved Programs, 8

Ravenswood Hospital	Chicago
Memorial Hospital	Elmhurst, Ill.
University Hospital	Ann Arbor, Mich.
Misericordia Hospital	New York City
Woman's Hospital	Philadelphia
Riverside Hospital	Newport News, Va.
Norfolk General Hospital	Norfolk, Va.
Memorial Hospital	Charleston, W. Va.

OTHER ROTATING

Number of Approved Programs, 14

University of Colorado Medical Center	
Denver General Hospital	Denver, Colo.
Community Rotating	
George Washington University Hospital	Washington, D. C.
Rotating (Path.-Major)	
Grady Memorial Hospital	Atlanta, Ga.
General Practice	
Macon Hospital	Macon, Ga.
Rotating (Gen. Prac.-Major)	
University Hospital	Ann Arbor, Mich.
Rotating (Neurol.-Major)	
Rotating (Derm.-Major)	
Rotating (Psych.-Major)	
Rotating (Anes.-Major)	
Rotating (Otology-Major)	
Rotating (Ophthal.-Major)	
Rotating (Phys. Med. Rehab.-Major)	
Rotating (Gen. Prac.-Major)	
Rotating (Path.-Major)	
University of Oklahoma Hospital	Oklahoma City
General Practice	

MIXED

Number of Approved Programs, 24

Veterans Admin. Hospital, Nashville, Tenn.; Int. Med.-Surg.
University of California Hospital, San Francisco; Med.-Ob.-Gyn.; Med.-Surg.; Surg.-Ped.; Ped.-Ob.-Gyn.
Corwin Hospital, Pueblo, Colo.; Med.-Ob.-Gyn.-Surg.
William Booth Memorial Hospital, Covington, Ky.; Med.-Ob.-Gyn.-Surg.
Hospital for Women, Baltimore; Med.-Ob.-Gyn.
Faulkner Hospital, Boston; Med.-Surg.-Ob.-Gyn.
Lutheran Hospital, St. Louis; Med.-Surg.-Ob.-Gyn.
Albany Hospital, Albany, N. Y.; Med.-Surg.
Mary Imogene Bassett Hospital, Cooperstown, N. Y.; Med.-Surg.
Bellevue Hospital Center
First Medical Division—Columbia University, New York City; Med.-Surg.-Chest.; Med.-Path.-Chest; Med.-Chest.
Second Medical Division—Cornell University, New York City; Med.-Path.
Third Medical Division—New York University College of Medicine, New York City
Third Surgical Division—New York University College of Medicine, New York City; Med.-Surg.
Montefiore Hospital, New York City; Med.-Surg.-Neur.-Pul.-Neoplastic.
Roosevelt Hospital, New York City; Med.-Ped.-Surg.; Surg.-Gyn.-Med.
St. Luke's Hospital, New York City; Med.-Surg.
Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.; Surg.-Ob.-Gyn.
General Hospital, Syracuse, N. Y.; Med.-Surg.-Ob.-Gyn.
Duke Hospital, Durham, N. C.; Obst.-Ped.
James Walker Memorial Hospital, Wilmington, N. C.; Ob.-Gyn.-Ped.-Surg.
North Carolina Baptist Hospital, Winston-Salem; Ob.-Gyn.-Ped.
Bethesda Hospital, Cincinnati; Surg.-Obst.; Med.-Obst.
Holston Valley Community Hospital, Kingsport, Tenn.; Ob.-Gyn.-Ped.
Salt Lake County General Hospital, Salt Lake City; Surg.-Gyn.

STRAIGHT

Total Number of Approved Programs, 168

INTERNAL MEDICINE

Number of Approved Programs, 72

Veterans Admin. Hospital	Little Rock, Ark.
Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Hospital	Atlanta, Ga.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	Dallas, Tex.
Veterans Admin. Hospital	McKinney, Tex.
Veterans Admin. Hospital	Salt Lake City, Utah
Veterans Admin. Hospital	Richmond, Va.
Veterans Admin. Hospital	Seattle, Wash.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Georgetown University Hospital	Washington, D. C.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Ravenswood Hospital	Chicago
Louisville General Hospital	Louisville
Baltimore City Hospital	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Medical Center—Jersey City Hospital	Jersey City, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N. Y.
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Bellevue Hospital Center	
Second Medical Division—Cornell University	New York City
Third Medical Division—New York University College of Medicine	New York City
Fourth Medical Division—New York University Postgraduate Medical School	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
New York Hospital	New York City
New York University-Bellevue Medical Center University Hospital	New York City
Presbyterian Hospital	New York City
St. Clare's Hospital	New York City
St. Vincent's Hospital	New York City
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
State University of New York Medical Center	Syracuse, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
University Hospitals	Cleveland
Woman's Hospital	Philadelphia
Baptist Memorial Hospital	Memphis
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Texas
Parkland Hospital	Dallas, Texas
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.
Chesapeake and Ohio Railway Employees Hospital	Clifton Forge, Va.
Medical College of Virginia Hospital Division	Richmond, Va.

PEDIATRICS

Number of Approved Programs, 37

Children's Hospital	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Grady Memorial Hospital	Atlanta
Michael Reese Hospital	Chicago
University of Chicago Clinics	Chicago
Louisville General Hospital	Louisville
Baltimore City Hospitals	Baltimore
Johns Hopkins Hospital	Baltimore

PEDIATRICS—Continued

Sinai Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Children's Medical Center	Boston
Massachusetts General Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
St. Louis Children's Hospital	St. Louis
St. Louis City Hospital	St. Louis
Medical Center—Jersey City Hospital	Jersey City, N. J.
Cumberland Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Bellevue Hospital Center	
Third Medical Division—New York University College of Medicine	New York City
New York Hospital	New York City
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
University Hospitals	Cleveland
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Tex.
Salt Lake County General Hospital	Salt Lake City
Milwaukee Children's Hospital	Milwaukee, Wis.

SURGERY

Number of Approved Programs, 59

Veterans Admin. Hospital	Little Rock, Ark.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	McKinney, Tex.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
Indiana University Medical Center	Indianapolis
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Medical Center—Jersey City Hospital	Jersey City, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
Bellevue Hospital Center	
First Surgical Division—Columbia University	New York City
Second Surgical Division—Cornell University	New York City
Third Surgical Division—New York University College of Medicine	New York City
Fourth Surgical Division—New York University Postgraduate Medical School	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Mount Sinai Hospital	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Clare's Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
University Hospitals	Cleveland
Baptist Memorial Hospital	Memphis
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Tex.
St. Paul's Hospital	Dallas, Tex.
University of Virginia Hospital	Charlottesville, Va.
Medical College of Virginia Hospital Division	Richmond, Va.

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1953

APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1953

Hospitals, 1,159; Assistant Residencies, Residencies and Fellowships, 22,763

The following services are approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies and Fellowships. In those specialties in which certifying boards have been established approval is extended in concurrence with the Board concerned. The number of years of training for which approval has been granted is indicated in the column, "Length of Approved Program (years)." Residencies in which this designation does not appear have been approved without specifying the number of years for which they are accredited. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables.

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1. ALLERGY

The following services have been approved for one year of training by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine.

Hospitals, 18; Assistant Residencies and Residencies, 25

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [5]	Beginning Stipend (Month)
FEDERAL							
UNITED STATES ARMY							
Army Medical Center [1-66-67]	Washington, D. C.	A. J. Berger	344	26,826	..	1	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	B. Klaumann	92	19,865	..	1	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	L. H. Criep	200	19,250	2	2	...
NONFEDERAL							
Northwestern University Medical Center [1-3]	Chicago	S. Feinberg	460	6,240	2	2	250
University of Illinois Research and Educational Hospitals [1-3]	Chicago	H. F. Dowling	...	6,709	..	..	60
Massachusetts General Hospital [1-3]	Boston	W. S. Burrage	...	7,373	1	1	100
University Hospital [1-3]	Ann Arbor, Mich.	J. M. Sheldon	...	5,222	2	2	208
Jewish Hospital [1-3]	Brooklyn	M. Walzer	33	8,702	1	2	75
New York Hospital [1-3]	New York City	H. Baldwin	...	8,944	..	..	25
New York University-Bellevue Medical Center University Hospital [1-3]	New York City	W. C. Spain	...	7,312	1	1	85
Roosevelt Hospital [1-3]	New York City	R. A. Cooke	243	38,307	4	4	200
Duke Hospital [1-3]	Durham, N. C.	O. C. Hansen-Pruss	127	1,076	..	2	200
Temple University Hospital [1-3]	Philadelphia	L. Tuft	...	4,346	1	1	50
Montefiore Hospital [1-3]	Pittsburgh	L. H. Criep	158	14,902	2	2	58.33
University of Virginia Hospital [1-3]	Charlottesville, Va.	O. Swineford Jr.	...	5,708	3	3	150
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	W. B. Blanton	...	5,892	..	1	100

2. ANESTHESIOLOGY

The following services have been approved by the Council and the American Board of Anesthesiology.

Hospitals, 179; Assistant Residencies and Residencies, 903

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [4]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL								
UNITED STATES ARMY								
Letterman Army Hospital [1-66]	San Francisco, Calif.	R. R. Jones	7,044	3,085	1	2	2	...
Fitzsimons Army Hospital [66]	Denver, Colo.	J. F. Kellogg Jr.	6,236	2,556	2	4	2	...
Army Medical Center [1-66-67]	Washington, D. C.	C. H. Mitchell	12,966	6,358	2	4	2	...
Brooke Army Medical Center [1-66-230]	San Antonio, Texas	J. G. Inman	14,698	6,814	2	4	2	...
UNITED STATES AIR FORCE								
U. S. Air Force Hospital [1]	San Antonio, Texas	A. B. Tarrow	3,210	912	2	2	2	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	Oakland, Calif.	S. Whitehouse	12,720	1,401	..	2	2	...
U. S. Naval Hospital [1]	Bethesda, Md.	D. J. Giorgio	3,766	2,703	..	2	2	...
U. S. Naval Hospital [1]	Chelsea, Mass.	S. A. Wilbur	5,771	1,287	..	2	2	...
U. S. Naval Hospital [1]	Philadelphia	J. G. Kurfees	6,289	789	..	2	2	...

Numerical and other references will be found on pages 373 and 374.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	C. L. Hebert	7,519	1,677	1	3	2	...
VETERANS ADMINISTRATION								
Veterans Admin. Hospital [1-3]	Los Angeles	N. H. Rupp	6,069	937	5	9	2	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	K. L. Byers	2,177	356	1	2	2	...
Veterans Admin. Hospital [1-95]	Hines, Ill.	M. Sadove	5,917	2,252	6	9	2	...
Veterans Admin. Hospital [1-108]	Des Moines, Iowa	J. L. Bailey	3,377	698	4	6	2	...
		(See University Hospitals, Iowa City, Iowa)						
Veterans Admin. Hospital [1]	Iowa City, Iowa	S. C. Cullen	1,739	260	4	4	..	...
		(See University Hospitals, Iowa City, Iowa)						
Veterans Admin. Hospital	Boston (West Roxbury), Mass.	J. W. D. Garrett	.....	.....	..	..	2	...
Veterans Admin. Hospital [1-3]	Jefferson Barracks, Mo.	H. W. Crouch	3,350	793	2	4	..	...
Veterans Admin. Hospital [1-3-179]	Brooklyn	H. I. Lipson	4,071	1,177	3	6	2	...
Veterans Admin. Hospital [1-3-29]	Buffalo	S. I. Forest	4,000	1,115	..	4	2	...
Veterans Admin. Hospital [1-3]	New York (Bronx), N. Y.	E. A. Rovenstine	5,581	2,001	4	8	2	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	F. P. Hausen	2,338	897	1	1	2	...
Veterans Admin. Hospital [1-3]	Houston, Texas	G. E. Bittenbender	3,341	1,085	1	2	..	...
Veterans Admin. Hospital [1]	McKinney, Texas	D. Alexander	1,168	440	1	2	2	...
Veterans Admin. Hospital [1]	White River Jct., Vt.	R. E. Lapointe	1,574	473	1	1	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	C. G. Lynch	1,681	780	2	3	2	...
Veterans Admin. Hospital [1]	Milwaukee, Wis.	R. A. Tella	2,439	119	5	5	2	...
NONFEDERAL								
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	A. McNeal	9,571	6,586	1	3	2	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	A. Habeeb	3,375	2,060	1	2	2	225
St. Vincent Infirmary [1-3]	Little Rock, Ark.	J. P. Hickey	.....	.....	..	..	2	...
University Hospital [1]	Little Rock, Ark.	C. Shafer	2,116	1,279	1	2	2	120
Los Angeles County Hospital [1]	Los Angeles	C. F. McCuskey	13,975	4,123	..	14	2	193
White Memorial Hospital [1-3-29]	Los Angeles	F. E. Leffingwell	5,083	815	2	6	2	146.25
Samuel Merritt Hospital [1-3]	Oakland, Calif.	B. M. Anderson	5,897	1,310	..	2	2	165
Franklin Hospital [1-3]	San Francisco	J. L. Cardwell	4,962	4,142	2	4	2	175
French Hospital [1-3]	San Francisco	M. L. Skaggs	3,120	1,693	1	1	2	125
St. Joseph's Hospital [1-3]	San Francisco	C. C. Wycoff	4,223	2,228	1	2	2	150
Stanford University Hospitals [1-3]	San Francisco	P. J. Bailey	7,309	3,201	1	4	2	50
University of California Hospital [1-3]	San Francisco	F. J. Murphy	5,286	4,748	..	6	2	87
Santa Clara County Hospital [1]	San Jose, Calif.	J. Atkinson	1,708	1,690	1	2	2	260
University of Colorado Medical Center			.....	.....	2	6	..	150
Colorado General Hospital [1-3-22]	Denver, Colo.	R. W. Virtue	3,392	1,191	..	..	2	...
Denver General Hospital [1-3-22]	Denver, Colo.	R. W. Virtue	2,222	1,161	..	..	2	...
Bridgeport Hospital [1-3]	Bridgeport, Conn.	D. Massey	8,612	2,364	1	2	2	125
Hartford Hospital [1-3-55-56-57]	Hartford, Conn.	R. M. Tovell	35,255	16,220	10	20	2	100
St. Francis Hospital [1-3]	Hartford, Conn.	S. J. Martin	13,445	6,993	5	10	2	160
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	L. J. Hampton	10,791	5,404	4	8	2	50
Hospital of St. Raphael [3]	New Haven, Conn.	M. Garofalo	9,466	3,468	2	4	2	160
Doctors Hospital [1-3]	Washington, D. C.	C. W. Hyde	.....	.....	..	..	..	...
		D. Stubbs	9,208	6,945	2	2	2	200
Garfield Memorial Hospital [1-3]	Washington, D. C.	W. E. Barnett	3,062	221	2	2	2	160
Georgetown University Hospital [1-3]	Washington, D. C.	T. F. McDermott	5,073	2,512	4	10	2	...
George Washington University Hospital [1-3]	Washington, D. C.	C. S. Coakley	9,932	3,757	6	10	2	130
Riverside Hospital [1-3]	Jacksonville, Fla.	J. T. Stance	908	8.8	1	1	2	150
Mount Sinai Hospital [1-3]	Miami Beach, Fla.	S. H. Axelrod	3,210	978	1	2	..	...
University Hospital	Augusta, Ga.	P. P. Volpitto	7,473	4,932	3	6	2	160
Emory University Hospital [1-3]	Emory University, Ga.	W. H. Galvin	9,173	5,240	1	2	..	170
American Hospital [1-3]	Chicago	A. Rappaport	2,716	1,718	5	6	2	50
Cook County Hospital [1-3]	Chicago	M. M. Tennant	10,433	7,496	3	3	2	50
Grant Hospital [1-3]	Chicago	L. A. Gittelson	4,212	3,112	2	2	2	...
Michael Reese Hospital [1-3]	Chicago	B. Stodsky	9,356	5,815	1	2	2	100
Mount Sinai Hospital [1-3]	Chicago	R. Weyl	5,606	4,589	2	4	2	100
Northwestern University Medical Center								
Wesley Memorial Hospital [1-3-90]	Chicago	M. Karp	10,089	8,810	4	6	2	50
Presbyterian Hospital [1-3]	Chicago	M. Lyons	8,477	6,865	2	4	2	125
St. Luke's Hospital [1-3-95]	Chicago	P. W. Searles	7,785	5,335	3	9	2	50
University of Chicago Clinics [1-3]	Chicago	E. T. Mörch	8,216	6,052	4	7	2	175
University of Illinois Research and Educational Hospitals [1-3]	Chicago	M. Sadove	2,972	2,428	3	9	2	60
Evanston Hospital [1-3]	Evanston, Ill.	N. Hess	6,178	1,933	2	4	2	200
St. Joseph Hospital	Joliet, Ill.	D. Ruttle	9,000	.....	..	2	..	...
Indiana University Medical Center [1-103]	Indianapolis	V. K. Stoelting	10,968	7,882	7	14	2	150
Memorial Hospital [1-105-106]	South Bend, Ind.	G. M. Rosenheimer	6 6 0	4,285	2	2	2	250
University Hospitals [1-3]	Iowa City, Iowa	S. C. Cullen	8,688	6,668	5	10	2	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	J. Lorhan	7,748	3,899	3	8	2	125
St. Joseph Hospital [1-3]	Lexington, Ky.	W. G. Sergent	7,910	4,492	1	2	2	...
Louisville General Hospital [1-3]	Louisville, Ky.	R. P. Bergner	6,757	4,963	3	6	2	75
Charity Hospital of Louisiana [1-3]	New Orleans	J. Adriani	10,009	9,000	5	10	2	40
Ochsner Foundation Hospital [1-3]	New Orleans	J. R. Grant	3,768	1,540	3	5	2	200
Touro Infirmary [1-116]	New Orleans	M. C. Beck	10,845	4,479	1	2	2	200
Eastern Maine General Hospital [1-3]	Bangor, Maine	C. S. Dwyer	5,976	5,223	1	2	2	100
Central Maine General Hospital [1-3]	Lewiston, Maine	G. Clapperton	3,974	1,115	1	2	2	150
Maine General Hospital [1]	Portland, Maine	J. R. Lincoln	5,108	3,250	2	4	2	100
Boston City Hospital [1-3]	Boston	P. S. Mateus	21,946	7,359	..	12	2	162
Lahey Clinic [1-3]	Boston	U. H. Eversole	19,615	5,866	5	10	2	150
Massachusetts General Hospital [1-3]	Boston	H. K. Beecher	19,252	10,374	8	10	2	100
Massachusetts Memorial Hospitals [1-3]	Boston	J. Arrowood	3,733	2,478	4	5	2	75
New England Center Hospital [1-3]	Boston	B. E. Eteten	2,915	1,841	..	6	2	100
New England Deaconess Hospital [1-3-141]	Boston	L. V. Hand	.....	.....	..	..	..	...
		F. J. Audin	5,218	2,538	4	4	2	200
New England Hospital [1-3]	Boston	E. E. Bartlett	3,221	2,474	1	2	2	...
Peter Bent Brigham Hospital [1-3]	Boston	W. S. Derrick	3,344	2,346	1	1	2	41.75
St. Elizabeth's Hospital [1-3]	Boston	E. Zentgraf	5,709	2,165	..	2	2	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	D. R. Branch	3,552	1,653	1	2	2	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	J. H. Buskirk	1,952	2,702	..	1	2	115
Holyoke Hospital [1-3-53]	Holyoke, Mass.	M. G. Black	2,881	708	..	2	2	150
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	R. S. Hunt	5,093	3,596	1	2	2	170
Springfield Hospital [1-3]	Springfield, Mass.	H. L. Strachan	5,180	1,731	1	2	..	75
Memorial Hospital [1-3]	Worcester, Mass.	R. F. Courtin	3,342	2,959	1	1	2	200
St. Vincent Hospital [1-3]	Worcester, Mass.	W. J. Martin, Jr.	5,653	2,944	2	4	2	175
City of Detroit Receiving Hospital [1-3]	Detroit	P. E. Greifenstein	6,499	1,969	4	10	2	254
Henry Ford Hospital [1-3]	Detroit	P. R. Dumke	13,731	5,251	2	4	..	225
Providence Hospital [1-3]	Detroit	N. M. Bittrich	6,322	1,966	2	4	2	250

Numerical and other references will be found on pages 373 and 374.

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2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Salary (Month)
Butterworth Hospital [1-3]	Grand Rapids, Mich.	M. L. Byrd	9,162	8,188	1	2		225
University of Minnesota Hospitals [1-3]	Minneapolis, Minn.	R. T. Knight	6,329	3,704	14	36		150
Mayo Foundation [1-3]	Rochester, Minn.	R. C. Adams	33,401	23,290	5	15		150
Research Hospital [1-3]	Kansas City, Mo.		6,050	2,455	1	2		150
Barnes Hospital [1-3]	St. Louis	D. Eastwood	16,344	.....	..	8		50
St. John's Hospital [1-3]	St. Louis	S. Brown	5,653	2,185	1	2		150
St. Mary's Group of Hospitals [1-3]	St. Louis	J. McNearney	16,290	3,827	1	3		65
University of Nebraska Hospital [1-3]	Omaha, Neb.	H. H. Davis	1,896	847	1	1		175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. H. Barrett	5,012	1,989	2	4		170
West Jersey Hospital [1-3]	Camden, N. J.	E. K. Hultzman	4,108	3,829	2	3		200
Medical Center-Jersey City Hospital [1-3]	Jersey City, N. J.	W. J. Gleason	6,884	2,442	2	3		66.75
Orange Memorial Hospital [1-3]	Orange, N. J.	M. G. Kilborn	5,037	1,935	1	1		120
St. Joseph Hospital [1-3]	Paterson, N. J.	H. G. Walker	5,087	4,284	2	2		150
Albany Hospital [1-3]	Albany, N. Y.	J. G. Converse	7,231	4,740	4	8		135
Beth-El Hospital [1-3]	Brooklyn	A. V. Goldacker	6,101	1,741	2	3		100
Jewish Hospital [1-3-185]	Brooklyn	I. Pallin	12,054	7,339	5	6		100
Maimonides Hospital [1-3]	Brooklyn	L. Holzmann	8,069	5,249	2	3		75
Methodist Hospital [1-3]	Brooklyn	R. Waelsch	7,050	2,857	1	1		75
St. Catherine's Hospital [1-3]	Brooklyn	F. P. Ansfro	3,639	1,631	2	4		125
Buffalo General Hospital [1-3]	Buffalo	R. N. Terry	12,198	970	..	2		125
Edward J. Meyer Memorial Hospital [1]	Buffalo	E. D. Babbage	3,611	2,763	2	5		179
Millard Fillmore Hospital [1-3-190]	Buffalo	E. D. Babbage	11,222	1,573	1	2		225
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	E. Apogi	7,389	6,880	1	2		125
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	G. Carr	5,676	4,312	1	2		110
Queens General Hospital [1-3]	Jamaica, N. Y.	M. Miller	3,829	1,743	1	2		98.33
Bellevue Hospital Center Division IV—New York University Post-Graduate Medical School [1-3-201-202]	New York City	E. A. Rovenstine	12,898	8,575	8	17	2	88
Beth Israel Hospital [1-3]	New York City	S. G. Hershey	6,661	4,923	2	4	2	75
Flower and Fifth Avenue Hospitals [1-3]	New York City	.....	8,571	5,113	1	3	..	...
Hospital for Joint Diseases [1-3-199]	New York City	A. M. Betcher	3,822	2,365	2	3	2	70
Hospital for Special Surgery [1-3]	New York City	C. Burstein	2,388	1,983	1	1		160
Lenox Hill Hospital [1-3]	New York City	M. Frick	8,207	6,287	1	2		180
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	O. Schwelzer	6,723	3,223	3	7		200
Metropolitan Hospital [1-3]	New York City	D. E. Brace	5,723	2,869	3	5		150
Montefiore Hospital [1-3]	New York City	E. Kepes	1,455	1,222	1	2		60
Mount Sinai Hospital [1-3]	New York City	M. Adelman	9,450	5,198	4	8	2	...
New York City Hospital [1-3]	New York City	D. Bizzarri	3,453	1,445	2	4		328
New York Hospital [1-3]	New York City	J. F. Arrisio	9,169	7,966	5	10	2	25
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. Milowsky	7,068	4,963	3	6	2	...
New York University-Bellevue Medical Center University Hospital [1-3]	New York City	(See also Bellevue Hospital Center, Division IV) E. A. Rovenstine	7,411	1,703	3	6	2	115
Presbyterian Hospital [1-3]	New York City	E. M. Papper	17,767	10,370	11	26	2	208.33
St. Clare's Hospital [1-3]	New York City	R. A. Rose	4,734	1,692	1	3	2	50
St. Luke's Hospital [1-3]	New York City	G. E. Burford	5,389	.....	2	4	2	60
St. Vincent's Hospital [1-3]	New York City	V. J. Collins	5,224	4,223	3	6	2	100
Sydenham Hospital [1-3]	New York City	M. Fischman	2,326	1,791	1	2	..	98
Genesee Hospital [1-3]	Rochester, N. Y.	N. S. Smith	5,353	3,972	1	2	..	75
Highland Hospital [1-3]	Rochester, N. Y.	H. Root	4,831	3,615	1	1	..	100
Rochester General Hospital [1-3]	Rochester, N. Y.	V. J. Coviello	6,153	4,255	2	4	2	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	M. Weingarten	9,469	3,972	2	2		200
Ellis Hospital [1-3]	Schenectady, N. Y.	H. A. Snell	7,561	5,672	1	1	2	...
State University of New York Medical Center [1-3-220]	Syracuse, N. Y.	J. E. Delmonico	10,352	1,673		3	2	191.66
Grasslands Hospital [1-3]	Valhalla, N. Y.	H. F. Bishop	1,416	553	1	2	2	125
Duke Hospital [1-3]	Durham, N. C.	C. R. Stephen	12,501	5,260	4	8	2	100
Mercy Hospital [1-3]	Canton, Ohio	L. L. Frick	7,284	3,963	1	2	2	200
Christ Hospital [1-3]	Cincinnati	T. A. Larrick	7,734	2,711	1	2	2	200
Cleveland Clinic Hospital [1-3]	Cleveland	D. E. Hale	7,378	1,317	2	4	2	175
Mount Sinai Hospital [1-3]	Cleveland	S. Katz	8,701	5,999	2	4	2	...
St. Luke's Hospital [1-3]	Cleveland	B. B. Sankey	13,633	6,171	2	4	2	180
University Hospitals [1-3]	Cleveland	R. A. Hingson	13,630	.....	2	4	2	125
University Hospitals University Hospital [1-3-242]	Columbus, Ohio	J. J. Jacoby	7,739	6,186	12	18	2	150
Huron Road Hospital [1-3]	East Cleveland	R. J. Whitacre	9,780	6,021	5	10	2	150
Marymount Hospital [1-3]	Garfield Heights, Ohio	N. G. DePiero	4,182	3,368	2	4	..	200
St. Elizabeth Hospital	Youngstown, Ohio	A. Bayu	9,047	7,503	..	1	1	200
Youngstown Hospital	Youngstown, Ohio	A. J. Fisher	14,228	10,211	2	4	2	125
University Hospitals [1-3]	Oklahoma City	H. A. Bennett	5,271	4,284	2	5	2	50
University of Oregon Medical School Hospitals and Clinics [1-253]	Portland, Ore.	F. Hauven	9,064	2,548	3	6	2	85
Abington Memorial Hospital [1-3]	Abington, Pa.	R. S. Masiello	6,497	5,401	1	2	2	200
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	M. Bernsteine	7,372	6,850	4	4	2	200
Southern Division [1-3]	Philadelphia	B. Goldstein	4,856	4,025	3	3	2	200
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. H. Stone	4,784	4,074	3	3	2	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	H. S. Ruth	8,678	2,093	6	12	2	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Dripps	15,139	6,671	..	16	2	125
Presbyterian Hospital [1-3]	Philadelphia	S. Schotz	5,150	3,674	4	4	2	...
Temple University Hospital [1-3]	Philadelphia	L. W. Krusen	15,627	5,275	2	6	2	50
Allegheny General Hospital [1-3]	Pittsburgh	R. L. Patterson	10,596	7,417	4	4	2	150
Mercy Hospital [1-3]	Pittsburgh	F. F. Foldes	11,535	3,028	6	12	2	150
Montefiore Hospital [1-3]	Pittsburgh	L. G. David	5,800	3,000	2	2	..	58.33
St. Francis Hospital [1-3]	Pittsburgh	G. J. Thomas	10,709	5,291	2	4	2	150
Robert Packer Hospital [1-3]	Sayre, Pa.	W. F. Brehm	7,333	4,556	1	2	2	100
Rhode Island Hospital [1-3]	Providence, R. I.	M. Saklad	8,276	2,829	1	2	2	60
Roper Hospital [1-3]	Charleston, S. C.	J. M. Brown	6,393	4,147	1	2	2	83
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	F. S. Brannen	.....	.....	3	6	2	...
City of Memphis Hospitals [1-3]	Memphis, Tenn.	M. F. Poe	9,088	.....	1	2	2	35
Vanderbilt University Hospital [1-3-287]	Nashville, Tenn.	B. H. Robbins	6,576	3,176	2	4	2	50
Baylor University Hospital [1-3]	Dallas, Texas	E. Weir	20,750	8,873	1	2	2	75
Parkland Hospital [1-3]	Dallas, Texas	M. T. Jenkins	2,900	1,603	2	4	2	50
Harris Hospital [1-3]	Fort Worth, Texas	A. A. Gentling	9,776	5,933	2	2	..	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. Allen	5,418	3,775	5	12	2	...
Hermann Hospital [1-3]	Houston, Texas	L. F. Schuhmacher, Jr.	15,553	4,194	2	4	2	100
University of Utah Affiliated Hospitals [1-3-281]	Salt Lake City	S. Smith	.....	.....	..	..	2	...
Bishop DeGoesbriand Hospital [1-3-287]	Burlington, Vt.	J. Abajian	2,801	1,438	1	2	2	50
Mary Fletcher Hospital [1-3]	Burlington, Vt.	J. Abajian	3,274	1,468	2	2	2	75
University of Virginia Hospital [1-3]	Charlottesville, Va.	H. F. Chase	9,765	6,091	2	4	2	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	W. E. Pembleton	12,064	2,534	1	4	2	...

Numerical and other references will be found on pages 373 and 374.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered [3]	Total Residencies Offered [3]	Length of Approved Program (Years)	Beginning Stipend (Month)
King County Hospital, Unit No. 1 (Harborview)	Seattle, Wash.	J. E. Mathwig	2,651	1,908	2	2	2	110
Virginia Mason Hospital [1-3]	Seattle, Wash.	D. C. Moore	4,505	1,816	1	2	2	125
Tacoma General Hospital [1-3]	Tacoma, Wash.	J. J. Bonica	3,004	1,468	..	4	2	200
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	D. E. Greeneltch	6,748	3,422	1	3	2	325
University Hospitals [1-3]	Madison, Wis.	O. S. Orth	5,422	4,879	4	9	2	50
San Juan City Hospital [1-3]	San Juan, P. R.	F. J. Gonzalez	4,143	1,835	1	2	2	150

3. CARDIOVASCULAR DISEASE

The following services have been approved for one year of training by the Council and the Subspecialty Board for Cardiovascular Disease of the American Board of Internal Medicine.

Hospitals, 30; Assistant Residencies and Residencies, 71

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [3]	Total Residencies Offered [3]	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital [66]	San Francisco, Calif.	B. E. Pollock	330	1,607	35	27	1	1	...
Fitzsimons Army Hospital [1-66]	Denver, Colo.	E. M. Goyette	414	2,817	13	13	1	1	...
Army Medical Center [1-66-67]	Washington, D. C.	T. W. Mattingly	617	5,840	55	43	..	2	...
Brooke Army Medical Center [66-230]	San Antonio, Texas	R. P. Johnson	505	6,717	40	37	2	2	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Bethesda, Md.	E. F. Evans	...	4,583	..	..	..	..	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital	Long Beach, Calif.	D. W. Leik	690	408	4	3	..	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. A. Baker	1,310	89	171	86	..	4	...
Veterans Admin. Hospital	Richmond, Va.	J. P. Williams	731	3,496	72	40	..	1	...

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [3]	Total Residencies Offered [3]	Beginning Stipend (Month)
George Washington University Hospital [1-3]	Washington, D. C.	J. M. Evans	...	3,304	...	...	1	3	150
Michael Reese Hospital [1-3]	Chicago	L. N. Katz	743	3,746	89	...	10	10	...
Indianapolis General Hospital [1]	Indianapolis, Ind.	K. G. Kohlstaedt	495	3,992	...	...	1	1	300
Indiana University Medical Center [1]	Indianapolis, Ind.	J. O. Ritchey	...	1,449	...	...	..	1	200
Henry Ford Hospital [1-3]	Detroit	F. J. Smith	1,767	22,662	102	108	..	5	225
Irvington House [1-3-4]	Irvington-on-Hudson, New York	A. C. DeGraff	250	2,000	...	...	..	6	200
Lenox Hill Hospital [1-3]	New York City	C. Kossman	...	3,411	...	...	1	1	180
St. Luke's Hospital [1-3]	New York City	J. H. Keating	...	1,674	...	...	2	2	110
St. Francis Sanatorium for Cardiac Children [1-3]	Roslyn, L. I., N. Y.	L. M. Taran	299	.....	2	1	4	4	250
Duke Hospital [1-3]	Durham, N. C.	E. S. Orquain	268	467	14	10	..	2	200
Cincinnati General Hospital [1-3]	Cincinnati	.....	...	10,660	..	...	..	...	...
Cleveland Clinic Hospital [1-3]	Cleveland	I. H. Page	323	2,430	19	7	2	2	175
University Hospitals									
University Hospital [1-3]	Columbus, Ohio	R. W. Kissane	...	.....	...	...	..	1	150
White Cross Hospital [1-3]	Columbus, Ohio	R. W. Kissane	324	.....	60	8	1	1	375
Graduate Hosp. of the University of Pennsylvania [1-3]	Philadelphia	S. Bellet	250	1,919	7	2	1	2	...
Pennsylvania Hospital [1-3]	Philadelphia	J. B. VanderVeer	...	3,599	...	...	4	4	80
Philadelphia General Hospital [1-3]	Philadelphia	S. Bellet	...	4,786	...	...	5	5	112.34
Temple University Hospital [1-3]	Philadelphia	R. A. Kern	...	1,487	...	...	1	1	50
Presbyterian Hospital [1]	Pittsburgh	A. Koenig	705	.....	128	37	..	1	50
St. Francis Hospital [1-3]	Pittsburgh	A. P. D'Zmura	4,447	1,015	64	18	..	1	200
Rhode Island Hospital [1-3]	Providence, R. I.	F. B. Cutts	...	908	..	..	1	1	110
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	G. R. Herrmann	...	2,276	...	..	4	4	...

4. CONTAGIOUS DISEASES

The following services have been approved for one year of training by the Council on Medical Education and Hospitals.

Hospitals, 12; Assistant Residencies and Residencies, 52

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [3]	Total Residencies Offered [3]	Beginning Stipend (Month)
Children's Hospital [1-3]	San Francisco, Calif.	E. B. Shaw	504	...	20	14	1	1	125
Cook County Hospital [1-3]	Chicago	A. L. Hoyne	1,349	...	49	27	1	1	50
Municipal Contagious Disease Hospital [1-3]	Chicago	N. H. Blatt	...	...	..	..	6	6	208
Massachusetts Memorial Hospitals [1-3]	Boston	L. Weinstein	...	...	..	..	1	3	100
Belmont Hospital [1-3]	Worcester, Mass.	H. B. Goodspeed	511	...	2	1	1	1	300
Herman Kiefer Hospital [1-3]	Detroit	D. C. Young	1,739	1,910	89	47	3	3	456
Essex County Hospital for Contagious Diseases [1-3]	Belleville, N. J.	E. L. Smith	2,014	...	24	6	2	2	190
Municipal Hospital for Contagious Diseases [1-130-132]	Camden, N. J.	L. L. Cariel	313	1,511	8	7	..	2	10
Kingston Avenue Hospital [1-3-5]	Brooklyn	M. M. Mallner	2,998	...	42	13	16	16	150.83
Willard Parker Hospital [1-3]	New York City	J. L. Kohn	6,599	...	27	14	15	15	99
City Hospital	Cleveland	F. C. Robbins	1,091	...	59	..	..	..	90
Philadelphia General Hospital Northern Division [1-3]	Philadelphia	A. C. LaBoccetta	1,455	2,623	29	21	2	2	112

5. DERMATOLOGY AND SYPHILOLOGY

The following services have been approved by the Council and the American Board of Dermatology and Syphilology.

Hospitals, 83; Assistant Residencies and Residencies, 160

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [3]	Total Residencies Offered [3]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital [66]	San Francisco, Calif.	R. S. Higdon	202	9,139	..	..	1	3	2	...
Army Medical Center [1-66-67]	Washington, D. C.	W. N. Piper	326	9,452	1	..	2	7	2	...
Brooke Army Medical Center [66-230]	San Antonio, Texas	M. P. Moursund	328	12,088	..	..	1	3	3	...

Numerical and other references will be found on pages 373 and 374.

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5. DERMATOLOGY AND SYPHILOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Salary (Month)
UNITED STATES NAVY										
U. S. Naval Hospital	San Diego, Calif.	J. H. Lockwood	634	23,090	..	..	..	2	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	W. R. Hubler	220	3,776	..	..	..	2	2	...
U. S. Naval Hospital [1]	Philadelphia, Pa.	C. D. Bell	324	6,792	1	..	..	3	2	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	B. Chester	831	12,061	..	..	1	4	2	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE										
Freedmen's Hospital [1-3]	Washington, D. C.	C. W. Freeman	14	5,833	..	..	1	1	2	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	M. E. Obermayer	332	3,872	3	2	5	5	2	...
Veterans Admin. Hospital [1-3]	Los Angeles, Calif.	V. Newcomer	302	11,148	9	8	2	6	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	E. A. Oliver	1,090	62	66	33	..	2	2	...
Veterans Admin. Hospital [1]	New Orleans, La.	B. Kennedy	73	433	..	..	1	1	1	...
Veterans Admin. Hospital [1-3-122]	Fort Howard, Md.	M. Sullivan	105	3	..	..	1	3	3	...
Veterans Admin. Hospital [1-3]	Minneapolis, Minn.	H. Michelson	298	142	1	..	..	2	3	...
Veterans Admin. Hospital [1-3]	New York (Bronx), N. Y.	B. Straus	398	4,632	..	..	..	3	3	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	S. Crawford	230	.....	1	..	1	1	1	...
Veterans Admin. Hospital [1]	Milwaukee, Wis.	J. Kanter	1,026	1,752	7	5	2	3	2	...
NONFEDERAL										
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	R. O. Noojin	138	10,711	1	1	1	3	3	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	P. G. Reque	116	4,765	..	..	1	1	1	225
Los Angeles County Hospital [1]	Los Angeles, Calif.	B. A. Newman	642	17,613	15	7	..	3	3	190
White Memorial Hospital [1-3]	Los Angeles, Calif.	M. Couperus	21	4,707	1	..	1	2	2	146.25
Stanford University Hospitals [1-3]	San Francisco, Calif.	E. Farber	56	9,618	..	..	1	3	3	50
University of California Hospital [1-3]	San Francisco, Calif.	F. A. Torrey	49	6,395	..	..	..	3	3	87
University of Colorado Medical Center		O. G. Philpott	21	3,259	2	2	..	..	..	...
Colorado General Hospital [1-3-22]	Denver, Colo.	.....	...	.....	..	..	1	3	1	150
Denver General Hospital [1-3-22]	Denver, Colo.	A. R. Woodburne	28	4,442	..	..	..	..	..	...
Georgetown University Hospital [1-3]	Washington, D. C.	F. Eichenlaub	104	1,913	1	..	1	2	2	...
Cook County Hospital [1-3]	Chicago	J. R. Webster	589	8,962	11	3	2	2	2	50
Michael Reese Hospital [1-3]	Chicago	A. Buchholz	85	4,428	..	..	1	..	1	75
Northwestern University Medical Center [1-3]	Chicago	H. Rattner	...	2,600	..	..	4	4	3	100
University of Chicago Clinics [1-3]	Chicago	S. Rothman	136	8,833	2	2	3	8	3	175
University of Illinois Research and Educational Hospitals [1-3]	Chicago	F. E. Senear	54	12,013	2	2	1	3	3	60
Indianapolis General Hospital [1]	Indianapolis, Ind.	J. Dalton	85	6,310	..	..	1	3	3	150
University Hospitals [1-3]	Iowa City, Iowa	R. Nomland	309	3,623	8	3	1	3	3	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	R. Sutton	29	2,406	..	..	1	1	1	125
Charity Hospital of Louisiana										
Independent Unit [1-3]	New Orleans	J. M. Hennington	75	5,595	3	1	..	2	3	40
Louisiana State University Unit [1-3]	New Orleans	C. B. Kennedy	109	10,815	2	1	1	3	3	40
Tulane Unit [1-3]	New Orleans	.....	119	9,576	1	..	1	3	3	40
Johns Hopkins Hospital [1-2-3]	Baltimore	.....	...	11,273	..	..	..	7	1	...
University Hospital	Baltimore	H. M. Robinson	7	9,766	..	..	..	1	2	50
Boston City Hospital [1-3]	Boston	B. Appel	132	19,219	4	3	..	2	3	112
Massachusetts General Hospital [1-3]	Boston	C. Frazier	339	10,320	10	8	1	4	3	100
Massachusetts Memorial Hospitals [1-3]	Boston	H. Mescon	...	1,373	..	..	1	1	1	50
University Hospital [1-3]	Ann Arbor, Mi h.	A. C. Curtis	631	5,091	6	5	4	12	3	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	L. Shafer	482	4,928	..	..	1	3	3	...
Minneapolis General Hospital [1-3-155]	Minneapolis	C. Laymon	200	4,421	..	..	..	2	3	169
University of Minnesota Hospitals [1-3]	Minneapolis	H. E. Michelson	153	4,165	3	3	2	8	3	150
Mayo Foundation [1-3]	Rochester, Minn.	P. O'Leary	840	14,389	11	9	4	14	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	J. Madden	251	3,625	1	..	..	1	3	150
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	C. W. Lane	23	10,401	5	2	1	2	3	125
Barnes Hospital [1-3]	St. Louis	C. W. Lane	124	4,098	1	..	1	3	3	50
St. Mary's Group of Hospitals [1-3-162-166]	St. Louis	G. V. Stryker	72	4,686	1	..	1	3	3	65
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	W. Lobitz Jr.	388	5,165	..	..	1	2	2	170
Kings County Hospital, County Division [1-3]	Brooklyn	C. Chiaramonte								
		A. Grace	528	16,886	13	3	2	2	1	150
Buffalo General Hospital [1-3]	Buffalo, N. Y.	E. Osborne	7	2,552	..	..	..	1	2	125
Edward J. Meyer Memorial Hospital [1-194]	Buffalo, N. Y.	E. Osborne	122	8,711	1	1	2	4	3	179
Bellevue Hospital Center										
Division IV—New York University Post-Graduate Medical School [1-3]	New York City	F. C. Combes	641	18,915	14	1	7	7	3	98
Metropolitan Hospital [1-3]	New York City	E. F. Traub	132	16,162	2	1	1	1	1	150
Mount Sinai Hospital [1-3]	New York City	S. Peck	131	7,852	..	..	1	1	2	50
New York City Hospitals [1-3]	New York City	J. J. Eller	370	.....	..	..	1	2	1	150
New York Hospital [1-3]	New York City	G. Lewis								
		B. Webster	...	12,391	..	..	..	..	3	25
New York Polyclinic Medical School and Hospital [1-3]	New York City	A. C. Cipollaro	69	6,054	..	..	1	2	3	...
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division IV)								
University Hospital (Skin and Cancer)	New York City	M. B. Sulzberger	252	9,168	1	1	6	6	3	85
Presbyterian Hospital [1-3-207]	New York City	C. Nelson	...	38,581	..	..	1	2	3	208.33
St. Luke's Hospital [1-3]	New York City	L. Barker	...	9,209	..	..	1	1	2	60
Duke Hospital [1-3-229]	Durham, N. C.	J. L. Callaway	235	1,592	2	2	1	3	3	41.33
Cincinnati General Hospital [1]	Cincinnati	J. Goldman	378	5,714	7	4	3	3	3	...
City Hospital [1-3]	Cleveland	J. E. Rauschkolb	227	5,369	2	2	..	..	3	90
Cleveland Clinic Hospital [1-3]	Cleveland	E. W. Netherton	310	18,356	6	6	1	3	3	175
University Hospitals [1-3]	Cleveland	H. Johnson	139	6,226	1	..	1	3	3	42.50
University Hospitals [1-3]	Oklahoma City	C. P. Bondurant	68	2,421	1	..	2	2	1	...
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	T. Fitzpatrick	52	3,355	1	1	1	3	2	85
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	M. H. Samitz	152	8,535	..	..	2	3	2	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	H. E. Twining	14	4,542	1	..	1	1	1	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	D. Pillsbury	198	11,533	1	1	..	20	3	...
Jefferson Medical College Hospital [1-3]	Philadelphia	H. B. Decker	26	5,728	..	..	..	..	1	...
Pennsylvania Hospital [1-3]	Philadelphia	M. H. Beerman	...	4,151	..	..	1	1	1	20
Philadelphia General Hospital [1-3]	Philadelphia	C. Thomas	306	3,387	5	..	2	2	1	112.34
Pittsburgh Medical Center [201]	Pittsburgh	.....	...	.....	..	..	..	..	3	...
Skin and Cancer Hospital [3]	Philadelphia	.....	466	36,074	1	..	4	4	2	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. S. Livingood	125	8,130	..	..	2	6	3	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. P. Cawley	234	8,696	..	..	2	6	3	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	R. W. Fowlkes	...	12,038	..	..	..	1	1	100
University Hospitals	Madison, Wis.	S. A. M. Johnson	237	3,166	4	3	1	2	1	50

Numerical and other references will be found on pages 373 and 374.

6. GASTROENTEROLOGY

The following services have been approved for one year of training by the Council and the Subspecialty Board for Gastroenterology of the American Board of Internal Medicine.

Hospitals, 16; Assistant Residencies and Residencies, 32

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
FEDERAL									
UNITED STATES ARMY									
Letterman Army Hospital [6,9]	San Francisco	W. M. Webb	546	585	4	4	1	1	...
Army Medical Center [1-9]	Washington, D. C.	E. D. Palmer	472	1,219	8	8	..	1	...
Brooke Army Medical Center [6]	San Antonio, Texas	B. H. Sullivan, Jr.	715	784	17	17	1	1	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	A. E. Davradl	759	918	55	48	..	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	860	1,316	14	10	..	1	...
NONFEDERAL									
Michael Reese Hospital [1-3]	Chicago	H. Necheles	305	1,954	..	..	2	2	50
Massachusetts Memorial Hospitals [1-3]	Boston	F. Ingelfinger	...	1,162	..	..	..	4	...
Henry Ford Hospital [1-3]	Detroit	J. G. Mateer	917	25,422	20	17	..	4	225
Lenox Hill Hospital [1-3]	New York City	H. Ratsky	443	747	27	10	2	2	180
New York Polyclinic Medical School and Hospital	New York City	S. Weiss	276	1,804	17	2	1	1	100
Duke Hospital [1-3]	Durham, N. C.	J. M. Ruffin	259	...	3	3	..	2	200
University Hospitals									
University Hospital [1-3]	Columbus, Ohio	C. J. DeLor	46	1,270	..	..	..	1	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. L. Bockus	821	1,613	27	13	2	2	150
Hospital of the University of Pennsylvania [1-3]	Philadelphia	T. Machella	...	3,477	..	..	..	6	...
Jefferson Medical College Hospital [2-3]	Philadelphia	J. E. Deitrich	...	2,944	..	..	1	1	...
Temple University Hospital [1-3]	Philadelphia	H. Shay	...	788	..	..	1	1	50

7. GENERAL PRACTICE

The following services have been approved for two years of training by the Council on Medical Education and Hospitals.

Hospitals, 123; Assistant Residencies and Residencies, 278

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
FEDERAL									
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Chelsea, Mass.	T. D. Cuttle	...	...	...	...	..	1	...
U. S. Naval Hospital [1]	Portsmouth, Va.	G. B. Tayloe	26,314	117,656	192	105	..	2	...
NONFEDERAL									
Maricopa County General Hospital [1]	Phoenix, Ariz.	M. Flohr	...	...	...	...	..	6	350
St. Mary's Hospital [1-3]	Tucson, Ariz.	A. B. Thompson	12,538	8,267	275	112	2	4	...
General Hospital of Riverside County [1-3]	Arlington, Calif.	L. Kanter	2,849	10,111	119	59	4	4	360
Kern General Hospital [1-3]	Bakersfield, Calif.	J. E. Brackley	...	...	...	...	16	16	350
Los Angeles County Hospital [1]	Los Angeles	P. Berman	1,397	...	36	3	..	6	100
Methodist Hospital of Southern California [1-3]	Los Angeles	E. Eisen	10,047	...	283	88	2	2	150
Contra Costa County Hospital	Martinez, Calif.	...	...	...	...	...	..	..	...
Sequoia Hospital [1-3]	Redwood City, Calif.	W. Gillogley	1,916	...	38	15	3	3	300
Sacramento County Hospital [1-3]	Sacramento, Calif.	L. W. Farrell	12,437	82,785	1,118	408	8	12	300
Monterey County Hospital [1]	Salinas, Calif.	W. A. Cassidy	2,813	20,856	209	76	6	6	446
St. Francis Memorial Hospital [1-3]	San Francisco	P. R. Westdahl	2,259	...	204	47	1	2	300
Community Hospital of San Mateo County [1-3]	San Mateo, Calif.	J. P. Sweeney	...	...	...	...	8	8	300
Sonoma County Hospital [1-3]	Santa Rosa, Calif.	H. D. Stanley	2,579	19,200	318	102	9	9	350
Glockner-Penrose Hospital [1-3]	Colorado Springs	C. S. Gydesen	5,922	2,101	144	74	1	2	200
St. Francis Hospital [1-3]	Colorado Springs	H. M. Min	4,880	4,482	138	167	2	2	210
University of Colorado Medical Center			...	...	...	...	8	24	150
Colorado General Hospital [1-3-22]	Denver, Colo.	C. J. Smyth	...	...	...	...	..	..	...
Denver General Hospital [1-3-22]	Denver, Colo.	C. J. Smyth	...	...	...	...	..	..	...
Charlotte Hungerford Hospital [1-3]	Torrington, Conn.	M. E. Globbe	5,730	917	138	67	2	4	100
Wilmington General Hospital [1-3]	Wilmington, Del.	C. Levy	6,638	15,146	109	38	8	8	250
Eastern Dispensary and Casualty Hospital [1-3]	Washington, D. C.	J. R. Young	4,770	22,692	109	23	6	6	300
Halifax District Hospital [1-3]	Daytona Beach, Fla.	F. A. Sica	6,292	6,262	270	119	..	3	275
St. Luke's Hospital [1]	Jacksonville, Fla.	E. E. Leitner	...	...	...	..	2	4	200
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	L. M. Wachtel	...	...	...	..	1	2	135
Grady Memorial Hospital [1-3]	Atlanta, Ga.	R. H. Oppenheimer	...	...	...	...	12	12	20
Columbus City Hospital [1-3]	Columbus, Ga.	J. N. Willis	10,082	14,951	392	91	4	4	250
Macon Hospital [1]	Macon, Ga.	F. M. Hauser	1,999	1,729	207	42	9	17	200
St. Joseph's Hospital [1-3]	Alton, Ill.	H. Hailey	7,769	12,375	184	97	4	4	250
MacNeal Memorial Hospital [1-3]	Berwyn, Ill.	J. D. McCarthy	8,875	8,718	...	..	4	4	175
Grant Hospital [1-3]	Chicago	K. S. Gustin	...	817	...	..	1	1	...
Ravenswood Hospital [1-3]	Chicago	H. Carter	...	...	...	..	2	2	75
St. Mary of Nazareth Hospital	Chicago	...	...	...	...	..	..	..	...
South Shore Hospital [1-3]	Chicago	H. H. Hamlin	6,135	1,600	169	53	2	2	200
Decatur and Macon County Hospital [1]	Decatur, Ill.	A. F. Goodyear	...	...	...	...	2	2	150
Methodist Hospital of Central Illinois [1-3]	Peoria, Ill.	C. R. Smith	2,382	...	140	45	2	2	200
Swedish-American Hospital	Rockford, Ill.	C. W. Fredberg	8,796	6,220	204	90	2	2	200
St. Francis Hospital [1]	Beech Grove, Ind.	H. F. Kennedy	8,961	5,917	152	47	4	4	300
Methodist Hospital [1]	Gary, Ind.	M. Shellhouse	10,664	11,337	432	125	1	2	200
St. Margaret Hospital [1]	Hammond, Ind.	J. L. Van Drunen	12,543	11,714	253	51	2	4	175
Methodist Hospital [1-3]	Indianapolis, Ind.	...	511	...	56	12	2	2	...
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	L. C. Smith	9,212	3,333	322	115	1	3	175
Memorial Hospital [1]	South Bend, Ind.	R. E. Nelson	12,799	11,095	327	152	2	2	250
St. Luke's Methodist Hospital [1-3]	Cedar Rapids, Iowa	H. O. Jirsa	11,034	10,842	273	102	6	6	250
Broadlawns' Polk County Hospital [1-3]	Des Moines, Iowa	A. A. Toubes	...	...	...	...	3	3	150
University Hospitals [1-3]	Iowa City, Iowa	W. B. Bean	...	...	...	..	6	6	75
St. Francis Hospital [1-3]	Wichita, Kans.	C. W. Miller	2,234	...	30	15	1	1	...
Wesley Hospital [1-3]	Wichita, Kans.	G. H. Tonn	3,380	...	64	18	3	3	200
Baton Rouge General Hospital [1]	Baton Rouge, La.	F. A. DeJean	11,698	...	170	58	2	2	300
St. Patrick's Hospital [1-3]	Lake Charles, La.	G. E. Barham	...	...	...	..	2	4	200
St. Anne's Hospital [1]	Fall River, Mass.	J. C. Corrigan	4,515	3,768	68	24	1	1	150
Cooley Dickinson Hospital [1-3]	Northampton, Mass.	L. N. Dorgin	6,726	1,110	251	81	4	4	100
Hurley Hospital [1]	Flint, Mich.	L. O. Shantz	...	...	...	...	1	1	300
McLaren General Hospital [1-3]	Flint, Mich.	E. C. Mosier	7,830	2,295	144	86	3	4	325
St. Joseph Hospital [1-3]	Flint, Mich.	J. J. Gutow	10,117	3,340	172	61	6	12	400
Borgess Hospital [1-3]	Kalamazoo, Mich.	F. Doyle	8,023	4,012	216	74	1	2	150
Mercy Hospital [1-3]	Muskegon, Mich.	R. D. Risk	6,396	5,425	154	42	2	2	...

Numerical and other references will be found on pages 373 and 374.

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7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	N. N. Steinberg	...	...	..	..	1	2	300
St. Luke's Hospital [1-3]	Saginaw, Mich.	H. O. Helmkamp	5,962	4,358	166	60	1	2	300
St. Mary's Hospital	Saginaw, Mich.	T. E. Fleschner	4,823	3,250	161	47	1	2	...
James Decker Munson Hospital [1-3]	Traverse City, Mich.	F. G. Swartz	...	...	...	..	2	4	300
Wyandotte General Hospital [1]	Wyandotte, Mich.	R. H. Proud	10,009	7,751	280	84	6	6	400
Fairview Hospital [1-3]	Minneapolis	M. S. Belser	...	...	...	..	3	3	300
Lutheran Deaconess Home and Hospital [1-3]	Minneapolis	L. A. Benesh	6,406	3,937	191	44	2	2	200
Mount Sinai Hospital [1-3]	Minneapolis	.....	2,263	1,589	24	19	1	1	200
Midway Hospital [1-3]	St. Paul, Minn.	A. E. Ritt	...	...	...	..	..	2	300
Mercy Hospital—Street Memorial [1-3]	Vicksburg, Miss.	L. J. Clark	4,716	61,319	196	41	1	2	225
Missouri Methodist Hospital [1-3]	St. Joseph, Mo.	H. W. Carle	4,096	...	226	86	1	1	200
Alexian Brothers Hospital [3-160]	St. Louis	A. D. Hoffmann	2,955	5,316	193	44	4	4	200
St. Anthony's Hospital [1-3]	St. Louis	W. Gunn	6,305	12,787	48	12	3	3	150
Hunterdon Medical Center	Flemington, N. J.	.....	...	...	...	..	..	..	...
Millard Fillmore Hospital [1-3]	Buffalo	M. Cheplove	...	...	...	..	1	2	255
St. Joseph's Hospital [1-3]	Far Rockaway, N. Y.	G. Christmann	6,251	3,477	167	45	7	7	225
Benedictine Hospital [1-3]	Kingston, N. Y.	E. F. Shea							
		J. A. Olivet	...	...	...	..	2	2	250
Kingston Hospital	Kingston, N. Y.	H. L. Rabor	5,594	4,537	199	42	2	2	...
Our Lady of Victory Hospital [3]	Lackawanna, N. Y.	L. J. Makarewicz	3,993	1,893	118	33	1	1	175
Vassar Brothers Hospital [1-3]	Poughkeepsie, N. Y.	D. Malven	9,070	...	...	..	2	2	150
City Hospital [1-3]	Akron, Ohio	D. Leonard	4,825	3,050	496	127	2	4	240
Peoples Hospital [1-3]	Akron, Ohio	D. J. Roberts	...	...	...	..	4	4	250
Mercy Hospital [1-3]	Canton, Ohio	G. C. Dowell	15,136	702	381	142	1	...	200
Christ Hospital [1]	Cincinnati	J. Lindner	...	...	...	..	4	8	200
Good Samaritan Hospital [1-3]	Cincinnati	W. Schmidter	...	...	...	..	4	4	175
White Cross Hospital [1-3]	Columbus	S. P. Cromer	1,702	...	68	22	2	2	375
Euclid-Glenville Hospital [1-3]	Euclid, Ohio	J. B. Price	4,769	...	78	27	4	4	200
Lima Memorial Hospital [1-3]	Lima, Ohio	D. L. Steiner	2,225	...	200	51	4	4	300
St. Rita's Hospital [1-3]	Lima, Ohio	H. G. Illig	1,687	1,231	118	51	1	1	175
Mercy Hospital [1-3]	Toledo, Ohio	C. R. Forrester	1,461	2,549	104	2	1	2	250
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. A. Schnitker	...	...	...	..	1	2	225
Toledo Hospital [1-3]	Toledo, Ohio	C. S. Mundy	4,298	...	54	42	2	2	200
University of Oklahoma Hospitals [1-3]	Oklahoma City, Okla.	I. H. Brown	...	...	...	..	6	6	50
Bradford Hospital [1-3]	Bradford, Pa.	C. L. Luckett	1,514	...	85	12	2	2	250
St. Joseph's Hospital [1-3]	Lancaster, Pa.	C. H. Witmer	2,976	3,537	157	75	2	3	300
St. John's General Hospital	Pittsburgh	F. J. Santoka	...	...	...	..	3	3	300
Community General Hospital [1-3]	Reading, Pa.	C. S. Kring	...	2,855	...	...	1	1	300
Sharon General Hospital [1]	Sharon, Pa.	J. J. Bellas	10,238	30,046	295	82	3	3	250
Memorial Hospital [1-3]	Pawtucket, R. I.	E. J. Mara	1,121	...	194	43	1	1	150
Greenville General Hospital [1-3]	Greenville, S. C.	.....	...	...	...	..	..	..	...
Spartanburg General Hospital [1]	Spartanburg, S. C.	W. T. Hendrix	3,876	8,182	245	62	2	2	150
Sacred Heart Hospital [1]	Yankton, S. D.	C. B. McVay	6,634	17,863	156	63	2	4	300
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	J. L. Raulston	...	...	...	..	2	4	300
Madison Sanitarium and Hospital [1-3]	Madison College, Tenn.	J. C. Gant	1,406	3,902	38	10	3	3	325
Brackenridge Hospital [1]	Austin, Tex.	.....	...	...	...	..	3	6	180
All Saints Hospital [1-3]	Ft. Worth, Tex.	J. A. Hallmark	6,591	...	102	35	4	4	250
City-County Hospital [1-3]	Ft. Worth, Tex.	S. W. Wilson	4,793	22,917	370	110	4	5	150
St. Joseph's Hospital [1-3]	Ft. Worth Tex.	W. Higgins	15,017	8,173	325	62	1	1	200
St. Mary's Infirmary [1]	Galveston, Tex.	J. Maciola	2,012	...	...	..	8	12	...
Shannon West Texas Memorial Hospital [1-3]	San Angelo, Tex.	P. J. C. Byars, Jr.	6,115	18,237	198	32	4	4	200
Baptist Memorial Hospital [1-3]	San Antonio, Tex.	R. Kupper	14,128	...	423	132	2	2	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Tex.	J. A. Bethea	...	...	...	..	2	4	125
Kings Daughters Hospital [1]	Temple, Tex.	.....	...	...	...	..	1	2	300
Wichita General Hospital [1-3]	Wichita Falls, Tex.	E. Bebb	1,068	4,313	...	..	3	3	300
Riverside Hospital [1-3]	Newport News, Va.	S. H. Mirmelstein	...	...	...	..	1	2	225
Retreat for the Sick [1-3]	Richmond, Va.	G. Vranian	271	...	28	6	2	3	200
Sheltering Arms Hospital [1-3]	Richmond, Va.	A. K. Sutphin	252	...	66	25	1	1	250
Maynard Hospital [1-3]	Seattle, Wash.	G. N. Rotton	6,792	344	102	53	2	2	200
Providence Hospital [1-3]	Seattle, Wash.	B. T. Fitzmaurice	1,572	...	...	..	2	2	200
Sacred Heart Hospital [1-3]	Spokane, Wash.	R. M. O'Brien	18,304	3,819	347	...	4	4	200
Bluefield Sanitarium [3]	Bluefield, W. Va.	H. F. Warden, Jr.	2,066	...	110	25	3	3	500
Kanawha Valley Hospital [3]	Charleston, W. Va.	R. J. Jones	4,134	3,276	8	2	1	1	200
Memorial Hospital [1-3]	Charleston, W. Va.	J. W. Hash	3,905	3,760	69	31	2	2	240
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	R. H. Lewellyn	2,967	...	111	30	1	2	325
Evangelical Deaconess Hospital [1-3]	Milwaukee	L. M. Peters	1,134	...	101	45	1	2	250
St. Michael Hospital [1-3]	Milwaukee	E. Kay	5,597	17,478	128	50	3	6	275

8. INTERNAL MEDICINE

The following services have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee in Internal Medicine (formerly the Conference Committee on Graduate Training in Medicine) as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine. (Requirements for Admission to Examination and Certification, page 396.)

Hospitals, 520; Assistant Residencies and Residencies, 4,375

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES AIR FORCE										
U. S. Air Force Hospital [1]	Scott Field, Ill.	W. R. Haas	1,938	27,568	15	11	1	1	1	...
U. S. Air Force Hospital	San Antonio, Tex.	F. W. Wilson	6,444	12,380	10	9	2	2	1	...
UNITED STATES ARMY										
Letterman Army Hospital [1-66]	San Francisco	F. W. Pruitt	3,040	12,445	45	41	6	16	3	...
Fitzsimons Army Hospital [1-66]	Denver	A. A. Biederman	2,030	36,828	24	23	..	..	3	...
Army Medical Center [1-66-67]	Washington, D. C.	P. S. Fancher	2,088	18,006	47	40	7	22	3	...
Percy Jones Army Hospital [1-66]	Battle Creek, Mich.	F. H. Mowrey	1,818	25,617	26	24	1	1	1	...
Valley Forge Army Hospital [1-66]	Phoenixville, Pa.	J. G. Knauer	2,084	10,618	22	21	2	4	3	...
William Beaumont Army Hospital [60]	El Paso, Texas	M. C. Davidson	1,358	1,484	25	21	1	1	1	...
Brooke Army Medical Center [66-230]	San Antonio, Texas	R. E. Blount	2,875	10,945	126	117	..	..	3	...
Madigan Army Hospital [59]	Tacoma, Wash.	W. S. George	636	8,003	9	9	1	1	1	...
Tripler Army Hospital [60]	Honolulu, T. H.	D. J. Sheehan	8,383	52,608	117	104	2	6	3	...

Numerical and other references will be found on pages 373 and 374.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [3]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Salary ($) (Month)
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	C. C. Shaw	1,297	9,792	24	20	..	6	3	...
U. S. Naval Hospital	San Diego, Calif.	A. L. Lawler	5,211	72,924	178	131	..	7	3	...
U. S. Naval Hospital	Great Lakes, Ill.	J. B. Schuler	4,989	12,139	40	36	2	2	1	...
U. S. Naval Hospital [1]	Bethesda, Md.	C. L. Ferguson	3,633	7,032	70	50	..	7	3	...
U. S. Naval Hospital [1]	Chelsea, Mass.	R. C. Parker, Jr.	977	6,192	..	..	..	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	L. E. Bach	1,096	7,540	16	13	..	6	3	...
U. S. Naval Hospital [1]	Philadelphia	L. J. Pope	4,796	29,775	328	125	..	6	3	...
U. S. Naval Hospital [1]	Portsmouth, Va.	E. F. Kline	4,445	5,785	37	32	2	2	1	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	San Francisco	F. S. French	2,132	7,398	70	52	1	4	3	...
U. S. Public Health Service Hospital [1-3]	New Orleans	R. H. Smith	2,988	13,139	101	74	1	3	3	...
U. S. Public Health Service Hospital [122]	Baltimore, Md.	L. L. Terry	2,592	22,636	77	60	2	6	3	...
National Institutes of Health—Clinical Center										
National Heart Institute	Bethesda, Md.	L. L. Terry	...	...	..	..	8	8	1	...
U. S. Public Health Service Hospital	Boston, Mass.	V. J. Dorset	1,634	2,277	36	21	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	A. A. Doerner	2,663	15,427	137	79	2	6	3	...
U. S. Public Health Service Hospital [1]	Seattle, Wash.	R. L. Griffith	1,984	13,859	91	63	2	6	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE										
Freedmen's Hospital [1-3]	Washington, D. C.	J. B. Johnson	979	13,911	289	110	..	9	..	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	E. T. Odom	2,494	171	131	55	6	12	3	...
Veterans Admin. Hospital [1-3]	Little Rock, Ark.	H. R. Hipp	2,281	...	109	80	4	4	3	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	T. H. Brem	2,544	2,252	271	225	28	28	3	...
Veterans Admin. Hospital [1-3]	Los Angeles, Calif.	R. O. Egeberg	8,084	7,655	642	513	20	54	3	...
Veterans Admin. Hospital	San Francisco	F. M. Willett	2,225	1,678	186	120	12	20	3	...
Veterans Admin. Hospital [1-3-48]	Denver	T. P. Sears	2,360	...	136	119	8	20	3	...
Veterans Admin. Hospital [1-3-48]	Newington, Conn.	P. Kunkel	1,291	2,760	91	66	10	18	3	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	L. K. Alpert	1,709	2,719	192	147	1	13	3	...
Veterans Admin. Hospital [1-3-69]	Coral Gables, Fla.	J. Rumball	2,695	848	214	171	6	15	3	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	M. Michael	2,526	...	147	101	8	14	3	...
Veterans Admin. Hospital [1-3-4]	Augusta, Ga.	D. E. Fader	1,299	2,021	64	44	6	10	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. A. Baker	7,908	2,519	491	250	20	53	3	...
Veterans Admin. Hospital [1]	Indianapolis	W. A. Christian	1,973	...	185	132	7	11	3	...
Veterans Admin. Hospital [1-108]	Des Moines, Iowa	P. G. Keil	2,477	3,761	175	131	4	10	3	...
Veterans Admin. Hospital [1]	Iowa City, Iowa	W. M. Kirkendall	1,639	969	59	45	6	14	3	...
Veterans Admin. Hospital [1-3]	Topeka, Kans.	R. Chess	1,458	...	65	49	2	6	3	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	M. Slavin	1,658	8,659	256	196	3	7	3	...
Veterans Admin. Hospital [1-3]	Wichita, Kans.	D. Givner	937	...	73	49	3	3	3	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	J. R. Gott, Jr.	1,322	1,008	172	99	6	18	3	...
Veterans Admin. Hospital [1]	New Orleans	C. A. Jones	1,981	3,919	131	91	8	14	3	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	F. G. Dickey	1,980	391	236	126	4	9	3	...
Veterans Admin. Hospital [1-3]	Perry Point, Md.	S. Goldgraben	1,207	309	16	13	2	4	3	...
Veterans Admin. Hospital [1-3-131]	Boston (Jamaica Plain), Mass.	M. B. Strauss	1,906	1,227	143	97	11	33	3	...
Veterans Admin. Hospital [1-3-132]	Boston (West Roxbury), Mass.	T. A. Warthin	...	...	..	..	..	..	3	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	H. J. Kollman	3,614	10,050	294	165	5	15	3	...
Veterans Admin. Hospital [1-3]	Minneapolis	E. B. Flink	2,705	669	191	149	..	33	3	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	E. D. Wall	2,962	...	251	139	5	15	3	...
Veterans Admin. Hospital [1-3]	Lincoln, Nebr.	O. V. Calhoun	1,696	1,835	59	47	1	3	3	...
Veterans Admin. Hospital [1]	Omaha, Nebr.	H. J. Zimmerman	1,526	1,890	89	59	5	12	3	...
Veterans Admin. Hospital [1]	Albuquerque, N. M.	W. S. Taylor	1,274	7,024	69	56	2	4	3	...
Veterans Admin. Hospital [1-3-176]	Albany, N. Y.	F. M. Woolsey	999	714	147	113	10	30	3	...
Veterans Admin. Hospital [1-3]	Bath, N. Y.	A. S. Dowling	1,708	21,888	157	108	1	3	3	...
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	P. W. Spear	3,520	2,696	289	203	10	31	3	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	G. W. Bissell	3,356	...	206	113	..	12	3	...
Veterans Admin. Hospital [1-3]	New York (Bronx), N. Y.	B. Straus	4,883	20,946	454	273	11	38	3	...
Veterans Admin. Hospital [1-3]	Cleveland, Ohio	N. P. Shumway	3,018	1,200	211	136	..	24	3	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	A. Tomasulo	3,032	118,754	314	181	20	35	3	...
Veterans Admin. Hospital	Oklahoma City	H. L. Schmidt, Jr.	1,149	...	69	56	4	8	3	...
Veterans Admin. Hospital	Portland, Ore.	G. O. Bern	2,291	1,167	84	82	5	13	3	...
Veterans Admin. Hospital	Aspinwall, Pa.	R. Schwartz	3,882	...	243	131	6	18	3	...
Veterans Admin. Hospital	Providence, R. I.	...	...	...	..	..	..	..	2	...
Veterans Admin. Hospital	Columbia, S. C.	S. L. Zimmerman	3,740	3,034	195	113	2	6	3	...
Veterans Admin. Hospital	Memphis, Tenn.	B. R. Gendel	4,718	10,381	189	125	10	29	3	...
Veterans Admin. Hospital	Nashville, Tenn.	M. France	1,705	...	113	113	6	11	3	...
Veterans Admin. Hospital	Dallas, Texas	C. W. Sensenbach	1,080	...	96	66	2	4	3	...
Veterans Admin. Hospital	Houston, Texas	J. F. Gamble	1,008	616	34	32	8	18	3	...
Veterans Admin. Hospital	McKinney, Texas	B. Friedman	2,314	6,486	109	89	9	17	3	...
Veterans Admin. Hospital	Salt Lake City	H. Brown	2,694	2,274	103	86	4	10	3	...
Veterans Admin. Hospital [171]	White River Jct., Vt.	A. Yeomans	3,615	17,025	69	57	5	15	3	...
Veterans Admin. Hospital	Richmond, Va.	J. P. Williams	5,218	31,611	155	90	11	27	3	...
Veterans Admin. Hospital	Seattle, Wash.	R. Sevans	1,513	348	141	117	7	15	3	...
Veterans Admin. Hospital	Martinsburg, W. Va.	H. Field, Jr.	973	528	76	51	3	9	3	...
Veterans Admin. Hospital	Milwaukee, Wis.	M. W. Garry	2,004	1,512	81	66	20	20	3	...
Veterans Admin. Hospital [1-8]	San Juan, P. R.	R. Rodrigues-Moline	1,531	570	26	23	2	5	..	...
NONFEDERAL										
Carraway Methodist Hospital [1-8]	Birmingham, Ala.	E. D. Lineberry O. C. McCarn	2,196	5,948	82	28	1	3	3	150
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	T. R. Harrison	3,859	8,732	402	126	5	11	3	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	G. M. Hankins	2,016	24,446	93	35	3	6	3	225
City Hospital	Mobile, Ala.	J. H. Little	1,381	1,943	189	78	1	1	1	175
St. Mary's Hospital [1-8]	Tucson, Ariz.	S. J. Grauman	12,538	8,267	174	78	2	6	3	...
Tucson Medical Center [1-3-26]	Tucson, Ariz.	D. Engle	784	395	30	12	4	4	1	200
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	A. Kahn, Jr.	1,928	...	155	27	2	2	1	225
University Hospital [1]	Little Rock, Ark.	B. B. Wells	715	11,293	88	52	1	2	1	120
General Hospital of Riverside County [1-8]	Arlington, Calif.	H. H. Stone	1,248	4,841	268	123	1	1	1	360
Kern General Hospital [1-8]	Bakersfield, Calif.	M. Hruschi	2,129	32,409	283	140	4	8	3	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. I. Harvey	1,667	4,504	127	84	1	3	3	100
San Joaquin General Hospital [1-3]	French Camp, Calif.	G. K. Wever	2,614	11,747	537	273	2	4	3	235
General Hospital of Fresno County [1-3]	Fresno, Calif.	W. E. Furze	1,386	15,757	295	119	2	3	2	231
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	H. J. Hoxie	4,212	3,939	292	140	1	3	2	164.50
Seaside Memorial Hospital [1-8]	Long Beach, Calif.	E. M. Duvall	3,111	691	243	50	3	3	2	150
California Hospital [1-3-47]	Los Angeles	W. Wessels	2,811	16,177	241	113	2	4	3	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	L. Gunther J. Kahn	3,043	54,876	236	100	1	3	3	150
Hospital of the Good Samaritan [1-3]	Los Angeles	W. H. Grishaw	2,459	6,169	80	32	2	6	3	150

Numerical and other references will be found on pages 373 and 374.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [6]	Total Residencies Offered [6]	Length of Approved Program (Years)	Beginning Stipend (Month)
Los Angeles County Hospital [1]	Los Angeles	E. Shapiro	20,357	63,250	2,687	822	..	31	3	190
Presbyterian Hospital—Olmsted Memorial [1-3]	Los Angeles	J. B. McDonald	504	3,869	23	6	1	3	3	175
Queen of Angels Hospital [1-3]	Los Angeles	M. Blacker	3,469	3,727	317	160	1	4	2	150
St. Vincent's Hospital [3]	Los Angeles	J. C. Ruddock	2,310	...	166	50	1	1	1	150
White Memorial Hospital [1-3]	Los Angeles	J. E. Peterson	1,514	30,236	141	71	1	3	3	146.25
Highland-Alameda County Hospital [1-3-24-44]	Oakland, Calif.	H. Rogers	3,693	27,691	580	184	4	11	3	...
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	M. F. Collen	1,959	91,631	164	116	3	9	3	...
Samuel Merritt Hospital	Oakland, Calif.	F. B. Taylor	1,365	...	112	49	2	2	1	105
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	G. T. Burke	2,571	16,290	263	132	1	3	3	240
Mercy Hospital [1-3]	San Diego, Calif.	E. M. Fetter	2,637	922	143	59	1	2	3	175
San Diego County General Hospital [1-3]	San Diego, Calif.	W. J. Tizhe	2,270	15,273	517	153	4	7	3	150
Children's Hospital [1]	San Francisco	D. W. Atkinson	701	2,516	42	15	1	2	2	125
Franklin Hospital [1-3]	San Francisco	C. Mote	1,965	8,274	129	46	1	4	3	125
French Hospital [1-3]	San Francisco	D. L. Wilbur	4,459	5,720	196	62	2	3	2	125
Mary's Help Hospital [1-3]	San Francisco	F. Rochex	1,249	6,865	90	26	1	2	1	150
Mount Zion Hospital [1-3]	San Francisco	J. J. Sampson	2,957	8,068	196	121	3	6	3	100
St. Joseph's Hospital [1-3]	San Francisco	S. J. Shipman	2,511	691	173	47	1	1	1	150
St. Luke's Hospital [1-3]	San Francisco	E. L. Bruck	2,471	3,707	210	78	3	6	3	200
St. Mary's Hospital [1-3]	San Francisco	J. J. McGinnis	1,815	7,931	83	40	2	5	3	150
San Francisco Hospital										
Stanford University Service [1]	San Francisco	H. D. Brainerd	1,536	...	458	141	2	4	3	75
University of California Service [1-34]	San Francisco	S. J. K. Lewis	1,533	...	436	147	2	4	3	75
Southern Pacific General Hospital [1-3]	San Francisco	R. E. Allen	3,254	32,762	132	74	2	5	3	150
Stanford University Hospitals [1-3]	San Francisco	A. L. Bloomfield	2,453	24,658	144	69	5	11	3	50
University of California Hospital [1-3-40-43]	San Francisco	T. L. Althausen	1,443	24,528	54	37	..	10	3	87
Santa Clara County Hospital [1]	San Jose, Calif.	J. M. Geiger	1,276	7,971	76	42	2	4	3	260
Community Hospital of San Mateo County [1-3]	San Mateo, Calif.	W. F. Knorp	899	...	152	50	1	1	1	400
Santa Barbara Cottage Hospital [1-3-45]	Santa Barbara, Calif.	J. W. Dalton	2,488	757	82	40	3	6	3	115
Harbor General Hospital [1-3-31]	Torrance, Calif.	F. Kellogg								
		W. P. Martin	2,908	14,687	558	153	5	15	3	190
Glockner-Penrose Hospital [1-3]	Colorado Springs	A. M. Mullett	822	158	48	15	1	1	1	200
St. Anthony Hospital [1-3]	Denver	A. D. Riemer	3,113	119	207	64	1	1	3	225
St. Joseph's Hospital [1]	Denver	R. J. Savarce	3,121	...	181	88	1	3	3	150
St. Luke's Hospital [1-3]	Denver	B. Murphey	...	...	..	..	1	1	1	150
University of Colorado Medical Center			...	...	..	..	8	18	..	150
Colorado General Hospital [1-3-22]	Denver	G. Meiklejohn	945	17,338	150	111	..	..	3	...
Denver General Hospital [1-3-22]	Denver	G. Meiklejohn	2,577	1,911	453	264	..	..	3	...
Colorado State Hospital [1-3]	Pueblo, Colo.	G. R. Curless	1,222	3,660	238	101	3	6	3	275
Corwin Hospital [1-3]	Pueblo, Colo.	R. H. Finney	3,552	8,849	94	30	1	1	1	125
Bridgeport Hospital [1-3]	Bridgeport, Conn.	I. S. Zaur	2,359	...	294	79	1	2	2	125
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	V. Lynch	2,864	435	281	47	1	2	2	...
Hartford Hospital [1-3-59]	Hartford, Conn.	M. T. Root	4,333	10,469	411	201	4	6	3	50
J. J. McCook Memorial Hospital [1-3]	Hartford, Conn.	W. Smith	2,684	11,787	155	56	1	2	2	250
St. Francis Hospital [1-3-58-59]	Hartford, Conn.	J. R. Lenehan	3,767	8,707	373	92	1	3	3	100
New Britain General Hospital [1-3]	New Britain, Conn.	J. C. White	1,979	...	207	88	1	2	2	130
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.		3,023	23,031	324	148	..	..	3	...
General Service	New Haven, Conn.	T. S. Evans	...	...	..	..	..	1	..	50
University Service	New Haven, Conn.	P. B. Beeson	...	...	..	..	8	20	..	50
Hospital of St. Raphael [2-60]	New Haven, Conn.	T. S. Evans	2,395	2,260	401	166	3	7	3	100
Lawrence and Memorial Associated Hospitals [1-3]	New London, Conn.	A. Labensky	2,144	...	170	38	2	2	1	250
Norwalk Hospital [1-3]	Norwalk, Conn.	D. L. Ehrich	1,659	729	181	63	2	2	2	180
St. Mary's Hospital [1-3]	Waterbury, Conn.	W. Finkelstein	3,641	1,869	298	65	2	5	3	150
Waterbury Hospital [1]	Waterbury, Conn.	O. J. Birzozero	5,085	6,209	265	133	2	6	3	125
Delaware Hospital [1-3]	Wilmington, Del.	L. B. Flinn	2,274	8,373	209	104	2	5	3	180
Memorial Hospital [1-3]	Wilmington, Del.	L. B. Flinn	1,531	4,101	164	81	1	3	3	175
Wilmington General Hospital [1-3]	Wilmington, Del.	J. R. Durham, Jr.	1,775	1,667	88	29	2	2	3	250
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	J. Minor	2,512	7,233	211	88	2	5	3	225
Doctors Hospital [1-3]	Washington, D. C.	A. McNitt	1,782	...	110	70	1	2	3	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	H. H. Hussey								
		M. Romansky	3,861	17,595	797	297	18	20	3	...
Garfield Memorial Hospital [1-3]	Washington, D. C.	J. L. Thompson, Jr.	1,291	1,781	103	56	1	5	3	160
Georgetown University Hospital [1-3-120-200]	Washington, D. C.	H. Jeghers	3,038	9,285	193	103	6	22	3	...
George Washington University Hospital [1-3]	Washington, D. C.	T. McP. Brown	3,561	10,286	191	114	2	8	3	130
Providence Hospital [1-3]	Washington, D. C.	J. Flanegan	1,932	10,240	176	61	1	3	3	200
Duval Medical Center [1-3]	Jacksonville, Fla.	K. B. Ransom	1,868	23,856	276	109	2	5	3	150
Riverside Hospital [1-3]	Jacksonville, Fla.	J. W. Merritt	856	7,032	38	24	1	1	1	150
St. Luke's Hospital [1]	Jacksonville, Fla.	J. L. Borland	2,238	...	145	29	1	1	1	200
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	L. E. Geeslin	1,760	...	112	33	1	3	3	135
Jackson Memorial Hospital [1]	Miami, Fla.	S. H. Stewart	3,635	10,610	506	218	6	11	3	75
Mount Sinai Hospital [1-3]	Miami Beach, Fla.	D. A. Nathan	2,617	3,387	203	61	1	3	3	...
St. Francis Hospital [1-3]	Miami Beach, Fla.	D. G. Stannus	2,110	1,957	145	34	2	2	1	200
Orange Memorial Hospital [1-3]	Orlando, Fla.	F. Mathers	1,916	1,060	189	57	1	3	2	125
Tampa Municipal Hospital [1-3]	Tampa, Fla.	H. P. Hampton	1,873	4,576	248	89	1	1	1	125
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	J. Henry	3,042	1,092	238	79	4	7	3	87.50
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	J. P. Garner	...	...	..	..	..	..	3	...
Grady Memorial Hospital [1-3]	Atlanta, Ga.	E. B. Ferris, Jr.	2,159	88,724	376	267	8	13	3	20
Piedmont Hospital [1]	Atlanta, Ga.	C. Smith	1,094	...	49	26	1	3	3	160
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	W. C. Waters	3,466	1,148	98	47	1	2	3	160
University Hospital [78]	Augusta, Ga.	V. P. Sydenstricker	2,817	...	328	63	6	18	3	160
Emory University Hospital [1-3-72-73]	Emory University, Ga.	E. Ferris	2,589	...	130	74	6	15	3	170
Alexian Brothers Hospital [3]	Chicago	F. A. Knoepfler	1,840	...	184	90	2	2	1	125
American Hospital [1-3]	Chicago	M. Afremow	1,091	...	13	2	2	2	2	50
Augustana Hospital [1-3]	Chicago	C. A. Hedberg	3,993	2,974	251	124	3	6	3	150
Columbus Hospital [3-82]	Chicago	E. F. Foley	1,729	385	23	11	2	6	3	...
Cook County Hospital [1-3-83]	Chicago	E. F. Foley	17,942	33,029	3,734	536	36	36	3	50
Englewood Hospital [3]	Chicago	F. Steen	2,050	...	135	57	1	1	1	200
Grant Hospital [1-3]	Chicago	Vaupel Kloot	1,743	1,237	151	81	2	2	3	...
Henrotin Hospital [1-3]	Chicago	F. K. Hick	1,000	...	39	19	1	1	1	200
Hospital of St. Anthony de Padua	Chicago		...	...	..	..	..	..	2	...
Illinois Central Hospital [1]	Chicago	L. H. Sloan	2,494	20,000	159	65	2	2	1	...
Illinois Masonic Hospital [1-3]	Chicago	R. H. Hayes	3,547	12,088	316	135	2	5	2	85
Loretto Hospital [1-3]	Chicago	S. G. Price	795	...	80	45	1	1	1	200
Lutheran Deaconess Hospital [1-3]	Chicago	G. O. Solem	1,773	870	192	69	1	1	1	200
Mercy Hospital [1-3]	Chicago	G. F. O'Brien	1,747	29,774	146	54	2	4	3	100
Michael Reese Hospital [1-3-12]	Chicago	R. Levine	2,178	32,187	128	67	4	12	3	50
Mount Sinai Hospital [1-3]	Chicago	A. Rabens	2,960	35,703	293	94	2	5	3	100
Northwestern University Medical Center [23-84]	Chicago	A. R. Colwell	...	29,805	..	..	13	43	..	...
Passavant Memorial Hospital [1-3]	Chicago	A. R. Colwell	2,724	...	135	85	..	..	3	50
Wesley Memorial Hospital [1-3]	Chicago	P. S. Rhoads	6,046	...	305	182	..	..	3	50
Evanston Hospital [1-3]	Evanston, Ill.	L. D. Snorf	3,941	...	222	107	..	..	3	50

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Norwegian American Hospital [1-3]	Chicago	M. Gethner	1,450	...	155	40	1	2	1	150
Presbyterian Hospital [1-3]	Chicago	E. Gray	3,886	29,888	181	111	3	7	3	125
Provident Hospital [1-3]	Chicago	A. F. Connor	...	...	...	...	1	3	3	...
Ravenswood Hospital [1-3]	Chicago	R. H. Johnstone	2,246	381	212	139	2	3	2	75
St. Anne's Hospital [1-3]	Chicago	S. G. Phice	2,154	...	279	55	2	2	1	200
St. Elizabeth Hospital [1-3]	Chicago	L. J. Latz	2,037	...	163	44	1	1	1	125
St. Joseph Hospital [1-3]	Chicago	L. Hines	1,363	934	113	23	2	2	1	200
St. Luke's Hospital [1-3]	Chicago	...	...	...	...	...	3	9	3	...
St. Mary of Nazareth Hospital	Chicago	C. E. Thompson	2,406	991	285	78	1	3	3	150
University of Chicago Clinics [1-3]	Chicago	W. Adams	2,579	17,461	140	102	8	22	3	175
University of Illinois Research and Educational Hospitals [1-3-139]	Chicago	H. F. Dowling	968	13,472	59	59	2	10	3	60
Women and Children's Hospital [1-3]	Chicago	M. Ortmayer	611	1,452	46	9	1	1	1	100
Woodlawn Hospital [1-3]	Chicago	A. J. Brislen	697	101	15	6	1	1	1	150
St. Francis Hospital [1-3]	Evanston, Ill.	R. M. Jones	2,197	2,803	245	128	1	3	3	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	R. E. Lee	3,296	...	269	61	2	2	1	175
West Suburban Hospital	Oak Park, Ill.	J. C. McMillan, Jr.	1,715	1,501	240	94	2	2	1	150
St. Francis Hospital [1-3]	Peoria, Ill.	H. A. Warren	3,101	10,095	275	73	2	3	2	...
Clinic Hospital [1]	Bluffton, Ind.	A. C. Nickel	...	...	...	...	1	2	3	300
Indianapolis General Hospital [1]	Indianapolis	P. Fouts	1,681	9,219	353	100	4	12	3	150
Indiana University Medical Center [1]	Indianapolis	J. O. Ritchey	2,464	9,744	192	123	3	7	3	150
Methodist Hospital [1-3]	Indianapolis	W. A. Shullenberger	3,549	8,282	236	76	1	3	3	...
St. Vincent's Hospital [1]	Indianapolis	R. M. Vandivier	1,736	7,151	245	119	1	3	3	250
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	R. A. Flack	3,014	4,095	242	82	2	5	3	175
Ball Memorial Hospital [1-3]	Muncie, Ind.	R. R. Owens	15,949	...	173	14	1	1	3	150
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	C. Sines	2,235	...	181	67	1	3	3	100
University Hospitals [1-3]	Iowa City, Iowa	W. B. Bean	2,710	2,000	156	105	8	20	3	75
Halstead Hospital [1]	Halstead, Kans.	...	2,653	15,485	31	9	2	6	3	200
University of Kansas Medical Center [1-3-109]	Kansas City, Kans.	E. G. Dimond	2,293	24,616	176	110	..	25	3	125
St. Francis Hospital [1-3]	Wichita, Kans.	G. F. Corrigan	3,552	...	168	66	1	3	1	...
Wesley Hospital [1-3]	Wichita, Kans.	G. R. Corrigan	2,198	...	136	57	1	3	3	200
Good Samaritan Hospital [1-3]	Lexington, Ky.	J. Scott	1,868	...	146	43	1	1	..	225
St. Joseph Hospital [1-3]	Lexington, Ky.	J. W. Scott	2,031	1,230	131	65	1	3	2	140
Kentucky Baptist Hospital [1]	Louisville, Ky.	S. Smith	2,124	...	140	37	3	3	1	200
Louisville General Hospital [1-3]	Louisville, Ky.	J. M. Kinsman	1,774	31,252	443	159	8	16	3	125
St. Joseph Infirmary [1-3]	Louisville, Ky.	J. S. Llewellyn	3,837	477	242	81	1	3	3	...
Charity Hospital of Louisiana										
Independent Unit [1-3]	New Orleans	J. O. Wellaecher	1,768	22,181	220	104	3	8	3	40
Louisiana State Unit [1-3]	New Orleans	E. Hull	2,893	33,108	417	159	5	12	3	40
Tulane Unit [1-3]	New Orleans	G. E. Burch	3,216	31,321	454	183	5	12	3	40
Hotel Dieu, Sisters Hospital [1]	New Orleans	E. deS. Matthews	2,856	669	229	44	3	3	2	200
Ochsner Foundation Hospital [1-3]	New Orleans	W. R. Arrowsmith	2,399	31,141	73	43	4	12	3	150
Southern Baptist Hospital [1]	New Orleans	B. O. Morrison	5,694	...	302	..	1	3	3	225
Touro Infirmary [1]	New Orleans	S. Jacobs	4,250	18,721	247	105	2	6	3	35
Confederate Memorial Medical Center [1]	Shreveport, La.	M. D. Hargrove	4,902	41,398	304	130	3	9	3	60
Central Maine General Hospital [1]	Lewiston, Maine	M. A. Chapin	1,406	1,043	151	58	1	1	1	150
Maine General Hospital [1-3]	Portland, Maine	E. R. Blaisdell	1,806	8,693	182	62	3	5	3	100
Baltimore City Hospitals [1-3-118]	Baltimore	G. S. Mirick	1,993	5,491	301	108	3	8	3	75
Church Home and Hospital [1-3]	Baltimore	Z. R. Morgan	925	1,151	93	77	1	3	3	200
Franklin Square Hospital [1-3]	Baltimore	W. H. Smith	671	...	52	13	1	3	3	...
Hospital for Women [1-3]	Baltimore	W. Allen	551	4,913	26	9	1	2	3	...
Johns Hopkins Hospital [1-3-6]	Baltimore	A. McG. Harvey	1,887	32,667	289	190	..	9	3	...
Lutheran Hospital [1-3]	Baltimore	E. A. M. Krause	1,481	1,678	...	...	2	5	3	170
Maryland General Hospital [1-3]	Baltimore	E. F. Potter	2,759	97	178	59	3	6	2	100
Mercy Hospital [1-3]	Baltimore	H. R. Peters	1,411	5,961	188	75	3	6	3	250
Provident Hospital and Free Dispensary [1-3]	Baltimore	J. D. Carr	477	482	107	4	3	3	2	...
St. Agnes Hospital [1-3]	Baltimore	L. P. Gundry	1,730	609	122	21	1	3	3	125
St. Joseph's Hospital [1-3]	Baltimore	F. J. Geraghty	1,481	2,728	174	40	2	3	2	200
Sinai Hospital [1-3]	Baltimore	M. Sherry	1,667	6,780	177	86	3	6	3	85
South Baltimore General Hospital [1-3]	Baltimore	L. P. Gundry	743	1,431	84	31	2	3	2	...
Union Memorial Hospital [1-3]	Baltimore	W. A. Baetjer	1,995	2,143	225	96	4	6	3	65
University Hospital [1-3]	Baltimore	M. C. Pincoffs	2,065	10,236	250	116	5	12	3	50
Beverly Hospital [1-3]	Beverly, Mass.	A. E. Parkhurst	1,448	1,347	131	69	1	1	1	100
Beth Israel Hospital [1-3]	Boston	H. L. Blumgart	2,595	9,338	200	107	12	26	3	41.82
Boston City Hospital [1-3-18]	Boston	...	12,154	53,589	1,833	667	26	51	3	112
Carney Hospital [1-3]	Boston	N. A. Welch	772	3,145	75	18	2	2	2	125
Faulkner Hospital [1-3]	Boston	J. R. Graham	972	...	80	47	2	3	2	132
Lahey Clinic [1-3]	Boston	F. N. Allan	4,282	47,956	88	...	16	29	3	150
Massachusetts General Hospital [1-3-145]	Boston	W. Bauer	5,903	18,610	431	297	10	14	3	100
Massachusetts Memorial Hospitals [1-3]	Boston	C. Keefer	1,088	12,400	134	78	2	10	3	100
New England Center Hospital [1-3-18]	Boston	S. Proger	4,712	...	65	42	11	19	3	50
New England Deaconess Hospital [1-3-140]	Boston	H. F. Root	2,750	63	38	8	9	9	2	150
Peter Bent Brigham Hospital [1-3]	Boston	G. W. Thorn	2,688	27,337	257	186	6	17	3	25
St. Elizabeth's Hospital [1-3]	Boston	S. McGinn	2,270	4,330	151	91	1	1	1	125
Cambridge City Hospital [1-3-142]	Cambridge, Mass.	E. J. Vogel	1,514	4,740	229	67	2	4	2	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	D. Hurwitz	1,316	3,278	153	62	..	4	1	115
Lawrence F. Quigley Memorial Hospital [1-3]	Chelsea, Mass.	W. R. Ohler	2,456	44,227	64	26	..	4	1	255
Truesdale Hospital [1-3]	Fall River, Mass.	W. Mason	1,180	1,132	111	52	1	1	1	75
Lynn Hospital [1-3]	Lynn, Mass.	C. A. Palladino	1,875	3,459	255	54	..	2	2	150
Malden Hospital [1-3]	Malden, Mass.	E. G. Thorp	1,522	...	99	47	2	3	1	160
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	E. L. Kattwinkel	2,448	2,263	65	26	1	2	2	170
Salem Hospital [1-3]	Salem, Mass.	S. N. Gardner	1,537	329	102	53	1	1	1	125
Springfield Hospital [1-3]	Springfield, Mass.	O. J. Menard	1,431	1,445	205	78	2	4	3	75
Memorial Hospital [1-3]	Worcester, Mass.	R. W. Robinson	2,247	696	125	62	1	2	1	200
St. Vincent Hospital [1-3]	Worcester, Mass.	J. T. Brosnan	2,339	...	219	58	2	5	3	175
Worcester City Hospital [1-3]	Worcester, Mass.	E. Budnitz	2,460	...	405	152	1	2	3	200
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	M. Marshall	2,513	...	159	67	4	7	3	200
University Hospital [1-3]	Ann Arbor, Mich.	C. C. Sturgis	5,460	34,440	235	160	10	36	3	134.16
Leila Y. Post Montgomery Hospital	Battle Creek, Mich.	...	...	...	...	...	..	..	3	...
Alexander Blain Hospital [1-3]	Detroit	H. W. Kinarsley	1,466	10,855	57	4	2	5	2	250
City of Detroit Receiving Hospital [1-3-18]	Detroit	G. B. Myers	3,802	44,852	770	421	10	27	3	254
Detroit Memorial Hospital [1-3]	Detroit	J. Rom	2,847	1,775	210	90	1	3	3	225
Evangelical Deaconess Hospital [1-3]	Detroit	L. Stern	1,949	1,532	203	74	1	3	3	260
Florence Crittenton Hospital [1]	Detroit	W. B. Cooksey	1,042	28	98	36	1	1	1	225
Grace Hospital [1-3]	Detroit	D. Myers	4,774	...	379	102	3	9	3	225
Harper Hospital [1-3]	Detroit	E. D. Spalding	3,071	18,889	252	92	4	8	3	225
Henry Ford Hospital [1-3]	Detroit	J. G. Mateer	6,361	160,919	324	210	22	80	3	225
Jennings Memorial Hospital [1]	Detroit	E. K. Carmichael	1,746	...	138	45	1	3	3	350
Mount Carmel Mercy Hospital [1]	Detroit	H. L. Smith	4,164	1,289	366	143	3	9	3	225
Providence Hospital [1-3]	Detroit	L. J. Bailey	3,016	...	305	114	1	3	3	250
St. Joseph Mercy Hospital [1]	Detroit	E. Maire	2,187	2,185	111	38	1	3	3	225
Woman's Hospital [1-3]	Detroit	B. B. Johnstone	1,645	143	90	29	1	2	3	250

Numerical and other references will be found on pages 373 and 374.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	M. R. McQuiggan	3,160	6,297	620	250	7	24	3	278.33
Hurley Hospital [1]	Flint, Mich.	M. S. Chambers	5,071	...	357	127	2	6	3	300
McLaren General Hospital [1-3]	Flint, Mich.	G. E. Drewyer	1,411	1,430	86	41	1	3	3	325
Blodgett Memorial Hospital [1-3-146-151]	Grand Rapids, Mich.	G. W. Balyeat	1,265	347	100	57	1	3	3	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	L. P. Ralph	1,534	626	183	71	1	3	3	225
St. Mary's Hospital [1]	Grand Rapids, Mich.	J. R. Brink	1,583	48	183	81	1	3	3	200
Highland Park General Hospital [1]	Highland Park, Mich.	J. W. Bell	1,445	694	100	37	1	3	3	...
Bronson Methodist Hospital [1]	Kalamazoo, Mich.	J. V. Fopeano	1,907	973	140	71	1	3	3	250
Edward W. Sparrow Hospital	Lansing, Mich.	F. C. Swartz	6,301	3,426	...	...	1	3	3	325
St. Lawrence Hospital [1]	Lansing, Mich.	F. W. Swartz	2,909	...	218	88	2	8	3	...
Pontiac General Hospital [1-3-153-154]	Pontiac, Mich.	D. S. Smith	2,644	...	150	54	1	3	3	225
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	...	...	...	...	...	...	...	3	...
Saginaw General Hospital [1-3]	Saginaw, Mich.	B. M. Bullington	1,795	856	127	95	1	3	3	320
St. Mary's Hospital [1-3]	Duluth, Minn.	D. W. Wheeler	1,863	...	152	71	1	1	1	215
Asbury Methodist Hospital [1-3]	Minneapolis	R. Berman	1,334	...	100	48	1	1	1	250
Minneapolis General Hospital [1-3-156]	Minneapolis	T. Lowry	1,679	11,786	236	113	3	9	3	169
Mount Sinai Hospital [1-3]	Minneapolis	...	1,809	...	112	56	1	1	3	200
Northwestern Hospital [1-3]	Minneapolis	C. A. McKinlay	2,254	...	117	74	1	2	2	200
St. Barnabas Hospital [1-3]	Minneapolis	D. H. Correa	1,947	...	139	78	1	2	2	175
University of Minnesota Hospitals [1-3]	Minneapolis	C. J. Watson	1,789	23,402	146	118	5	13	3	150
Mayo Foundation [1-3]	Rochester, Minn.	...	43,459	148,396	386	298	46	140	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	J. F. Briggs	1,361	5,482	202	130	2	6	3	150
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	C. N. Hensel								
		E. T. F. Richards	2,259	11,142	93	54	2	2	3	150
St. Joseph's Hospital [1-3]	St. Paul, Minn.	J. M. Ryan	2,327	716	63	31	1	1	1	150
St. Louis County Hospital [1-3]	Clayton, Mo.	R. Muether	818	13,237	191	92	2	4	3	225
Kansas City General Hospital No. 1	Kansas City, Mo.	A. M. Ginsberg	2,195	22,313	399	231	4	13	3	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	A. M. Ginsberg	3,037	8,375	138	58	3	6	3	154.50
Research Hospital [1-3]	Kansas City, Mo.	R. C. Davis	1,773	20,780	216	118	1	3	3	175
St. Joseph Hospital [3]	Kansas City, Mo.	R. Jones	4,179	8,086	182	99	1	4	3	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	H. P. Boughnou	3,491	...	162	105	2	4	3	175
St. Mary's Hospital [1-3]	Kansas City, Mo.	H. M. Parker	2,284	...	176	89	2	2	1	200
Barnes Hospital [1-3]	St. Louis	W. B. Wood	4,433	49,196	293	230	12	28	3	50
De Paul Hospital [1-3]	St. Louis	L. D. Cassidy	2,400	1,529	241	85	1	3	3	185
Homer G. Phillips Hospital [1-3]	St. Louis	J. R. Smith	3,092	38,048	636	95	6	20	3	100
Jewish Hospital [1-3-159]	St. Louis	A. E. Strauss	3,307	9,195	304	112	4	8	3	100
Missouri Baptist Hospital [1-3]	St. Louis	J. L. Horner	2,475	...	231	52	2	4	1	...
Missouri Pacific Hospital [3]	St. Louis	L. B. Harrison	3,305	71,759	177	58	4	7	3	250
St. Anthony's Hospital [1-3]	St. Louis	R. V. Powell	2,709	...	149	86	1	1	1	150
St. John's Hospital [1-3]	St. Louis	C. H. Neilson	2,187	4,448	194	69	2	4	3	150
St. Louis City Hospital [1-3]	St. Louis	R. Glaser								
		W. A. Knight, Jr	3,852	17,195	634	281	12	24	3	137.75
St. Luke's Hospital [1-3]	St. Louis	P. O. Hagenmann	3,233	3,135	109	47	1	3	3	...
St. Mary's Group of Hospitals [1-3]	St. Louis	P. A. Timothy	5,367	26,501	280	168	5	17	3	65
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	F. R. Schemm	1,317	...	93	46	..	5	3	200
Creighton Memorial-St. Joseph's Hospital [1]	Omaha, Neb.	H. N. Neu	3,792	13,624	265	97	2	8	3	150
University of Nebraska Hospital [1-3]	Omaha, Neb.	W. B. Moody	531	4,732	38	32	2	5	3	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	A. W. Wright	3,015	17,025	78	61	5	16	3	170
Atlantic City Hospital [1-3]	Atlantic City, N. J.	D. W. Scanlan	1,333	9,592	255	70	2	6	3	150
Cooper Hospital [1-3]	Camden, N. J.	R. L. Sharp	1,796	1,978	260	104	1	1	3	200
Englewood Hospital [1-3]	Englewood, N. J.	W. W. Schmidt	908	1,654	174	44	1	1	1	150
Hackensack Hospital [1-3]	Hackensack, N. J.	L. W. Black	2,697	6,316	387	127	3	4	2	100
Medical Center—Jersey City Hospital [1-3]	Jersey City, N. J.	T. J. White	4,953	24,178	765	361	8	23	3	66.75
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	F. J. Altschul	1,684	4,258	227	65	2	3	2	200
Mountainside Hospital [1-3]	Montclair, N. J.	E. G. Gullord	2,503	5,780	239	100	1	3	3	175
Burlington County Hospital [1-3]	Mt. Holly, N. J.	P. S. MacNeal	504	243	62	27	2	2	1	100
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	L. A. Albright	1,880	2,128	200	44	1	2	2	200
Newark Beth Israel Hospital [1-3]	Newark, N. J.	H. Goldberg	2,126	12,055	279	105	1	3	3	75
Newark City Hospital [1-3]	Newark, N. J.	J. Levin	3,331	7,506	762	156	3	6	3	115
St. Michael's Hospital [1-3]	Newark, N. J.	N. A. Antonius	2,483	1,988	258	82	1	3	3	...
St. Peter's General Hospital [3]	New Brunswick, N. J.	J. Sandella	1,073	934	102	38	1	1	1	175
Orange Memorial Hospital [1-3]	Orange, N. J.	C. H. Ethridge								
		P. W. Marquis	1,928	3,543	285	100	1	1	1	120
Paterson General Hospital [1-3]	Paterson, N. J.	V. E. Leach								
		A. G. Markel	1,446	1,115	228	42	2	2	1	100
Mercer Hospital [1-3]	Trenton, N. J.	J. F. Fessel	1,697	1,244	207	65	1	1	1	150
St. Francis Hospital [1-3]	Trenton, N. J.	F. Corrigan	5,213	3,885	229	62	1	4	2	210
Albany Hospital [1-3]	Albany, N. Y.	R. T. Beebe	2,802	5,398	275	150	2	7	3	135
Binghamton City Hospital [1-3]	Binghamton, N. Y.	G. C. Hamilton	3,127	668	284	84	2	4	3	150
Beth-El Hospital [1-3]	Brooklyn	E. W. Lipschutz	928	18,762	93	8	2	4	3	100
Brooklyn Hospital [1-3]	Brooklyn	R. P. Maynard	1,934	13,340	183	65	4	8	3	100
Coney Island Hospital [1-3]	Brooklyn	M. Mensch	1,373	...	444	74	2	4	3	98.30
Cumberland Hospital [1-3]	Brooklyn	S. P. Bailey	1,979	25,073	324	44	2	5	3	99
Greenpoint Hospital [1-3]	Brooklyn	J. N. Cohen	1,739	32,447	411	38	2	4	2	...
Jewish Hospital [1-3]	Brooklyn	L. Loewe	2,784	13,951	336	112	5	8	2	75
Jewish Sanitarium and Hosp. for Chronic Diseases [1-3]	Brooklyn	M. G. Goldner	772	259	169	42	4	9	3	175
Kings County Hospital [1-3]	Brooklyn	P. Long								
		A. Fankhauser	12,900	56,161	12,297	413	10	29	3	98
Long Island College Hospital [1-3]	Brooklyn	J. H. Crawford	2,256	6,391	219	55	3	5	3	75
Maimonides Hospital [1-3]	Brooklyn	M. M. Banowitch	1,942	22,808	289	97	2	11	3	75
Methodist Hospital [1-3]	Brooklyn	A. T. Mays								
		I. L. Cabot	1,732	6,034	227	49	2	5	3	75
Norwegian Lutheran Deaconesses' Home and Hosp. [1-3]	Brooklyn	A. Andersen	735	930	77	44	1	2	1	100
St. Catherine's Hospital [1-3]	Brooklyn	M. A. Murphy	1,576	3,517	199	67	1	2	3	125
St. John's Episcopal Hospital [1-3]	Brooklyn	F. Marzullo	1,526	3,389	94	15	1	1	1	115
St. Mary's Hospital [1-3]	Brooklyn	V. Annunziata	716	1,311	92	15	1	2	1	175
Wyckoff Heights Hospital [1-3-195]	Brooklyn	J. C. Indelicato	1,087	1,656	212	37	1	3	3	100
Buffalo General Hospital [1-3]	Buffalo	J. H. Talbott	3,075	15,742	337	162	..	6	3	125
Deaconess Hospital [1-3]	Buffalo	M. S. Howland, Jr	2,588	333	243	64	2	2	3	175
Edward J. Meyer Memorial Hospital [1-194]	Buffalo	D. K. Miller	1,888	36,797	404	150	6	17	3	179
Emergency Hospital of the Sisters of Charity	Buffalo	D. Brumberg	1,110	1,042	143	87	..	..	1	...
Millard Fillmore Hospital [1-3]	Buffalo	J. F. Painton	2,721	1,980	276	115	2	6	3	255
Sisters of Charity Hospital [1-3-193]	Buffalo	H. Brown	4,051	2,031	443	107	2	6	3	210
Clifton Springs Sanitarium and Clinic [1-3]	Clifton Springs, N. Y.	B. A. Watson	2,200	5,426	70	34	1	3	3	100
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	J. Bordley, III	879	6,450	70	47	1	3	3	83.33
Flushing Hospital and Dispensary [1-3-197]	Flushing, N. Y.	A. L. Levy	1,954	6,598	217	53	1	3	3	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	E. C. Jessup								
		B. R. Allison	1,303	25	310	117	3	7	2	225
Cornell University Infirmary [1-3]	Ithaca, N. Y.	N. S. Moore	2,088	1,900	...	...	4	4	1	208
Tompkins County Memorial Hospital [1-3]	Ithaca, N. Y.	M. Mann	1,222	...	112	28	2	2	1	208.33
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	G. A. Distler	1,580	3,057	244	45	1	2	2	110

Numerical and other references will be found on pages 373 and 374.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Queens General Hospital [1-3]	Jamaica, N. Y.	A. A. Fischl	4,926	22,709	1,341	481	7	10	2	98.33
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	J. C. Zillhardt	3,445	13,555	283	111	3	8	3	175
Mount Vernon Hospital [3]	Mount Vernon, N. Y.	P. Reznikoff	1,578	2,468	153	58	1	2	1	125
New Rochelle Hospital [3]	New Rochelle, N. Y.	W. C. Meredith	2,563	3,870	201	66	1	3	3	125
Bellevue Hospital Center										
Division I—Columbia University [1-3]	New York City	D. W. Richards, Jr.	2,165	25,680	243	72	6	12	3	90
Division II—Cornell University [1-3]	New York City	E. H. Luckey	1,974	25,811	206	59	..	13	3	98
Division III—N. Y. University College of Medicine [1-3]	New York City	W. Tillett	2,861	12,803	304	96	13	16	3	98
Division IV—N. Y. University Post-Graduate Medical School [1-3-16-208]	New York City	C. F. Wilkinson	1,505	22,110	238	70	9	29	3	98
Beth David Hospital [1-3]	New York City	H. A. Solomon	1,157	7,038	133	37	1	2	2	125
Beth Israel Hospital [1-3-16]	New York City	A. M. Fishberg	3,387	6,784	147	44	4	4	2	60
Bronx Hospital [1-3]	New York City	M. Weiss	2,037	17,070	180	20	2	4	3	75
Flower and Fifth Avenue Hospitals [1-3]	New York City	L. J. Boyd	1,239	2,936	82	17	3	5	3	...
Fordham Hospital [1-3]	New York City	B. Pasquarelli	3,711	34,783	921	120	9	11	2	98.33
Francis Delafield Hospital	New York City	...	...	...	...	...	..	..	1	...
French Hospital [1-3]	New York City	H. J. McNeile	1,088	2,760	82	18	1	2	2	50
Goldwater Memorial Hospital [1-3]	New York City	R. D. Beck M. Rosenbluth	1,676	1,252	360	71	..	12	3	98
Harlem Hospital [1-3]	New York City	A. Altsehul	...	...	...	4	10	3	98.32
Hospital for Joint Diseases [1-3]	New York City	M. Dinnerstein	696	16,942	67	18	1	3	2	70
Hospital for Special Surgery [1-3]	New York City	R. H. Freyberg	407	6,732	26	4	3	3	1	100
Jewish Memorial Hospital [1-3]	New York City	D. Greenberg M. A. Miller	1,004	10,464	129	30	1	1	1	150
Knickerbocker Hospital [1-3]	New York City	S. Johnson	2,450	6,883	247	64	1	3	3	110
Lebanon Hospital [1-3]	New York City	D. Greenberg S. Weiskopf	1,930	...	76	12	1	1	1	100
Lenox Hill Hospital [1-3]	New York City	E. A. Lawrence C. de la Chapelle	2,060	7,331	146	46	2	6	2	180
Lincoln Hospital [1-3]	New York City	S. Johnson	2,886	16,754	645	55	4	12	1	65
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	R. W. Rawson L. F. Craver	617	27,823	104	58	12	24	3	98
Metropolitan Hospital [1-3]	New York City	L. J. Boyd	4,728	43,452	702	131	3	9	1	98
Montefiore Hospital [1-3-11]	New York City	L. Leiter	2,116	6,919	217	91	12	21	3	60
Morrisania City Hospital [1-3]	New York City	E. Flood S. Biloon	3,393	9,217	893	104	8	13	2	98
Mount Sinai Hospital [1-3]	New York City	A. B. Gutman	5,137	60,384	394	190	22	32	3	...
New York City Hospital [1-3]	New York City	A. S. Hyman M. B. Rosenblatt	3,254	42,273	502	110	3	10	3	150
New York Hospital [1-3]	New York City	D. P. Barr	3,434	63,671	281	163	14	21	3	25
New York Infirmary [1-3]	New York City	M. Manter	210	1,483	17	8	1	1	1	100
New York Polyclinic Medical School and Hospital [1-3]	New York City	J. Carroll	1,214	20,502	102	23	1	3	3	...
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Divisions III and IV; Goldwater Memorial Hospital)								
University Hospital [1-3]	New York City	C. F. Wilkinson	1,684	20,291	140	37	3	5	3	85
Presbyterian Hospital [1-3]	New York City	R. F. Loeb	7,719	33,389	232	139	12	20	3	208.33
Roosevelt Hospital [1-3]	New York City	J. M. Freston A. J. Antenucci	2,389	12,463	225	83	6	12	3	116
St. Barnabas Hospital for Chronic Diseases [1-3]	New York City	R. Wegria	719	2,085	68	30	1	2	2	125
St. Clare's Hospital [1-3]	New York City	J. P. Crowe	1,924	11,753	180	35	1	3	3	50
St. Francis Hospital [1]	New York City	E. P. Flood	1,611	4,186	174	34	2	3	2	125
St. Luke's Hospital [1-3]	New York City	J. H. Keating	3,188	28,108	273	131	6	18	3	60
St. Vincent's Hospital [1-3-224]	New York City	O. LaRotonda	3,137	15,695	481	153	8	15	3	50
Sydenham Hospital [1-3]	New York City	E. Appelbaum	912	3,956	83	15	1	3	1	98
United Hospital [1-3]	Port Chester, N. Y.	S. Schwartz	1,322	1,121	144	46	1	1	1	200
Genesee Hospital [1-3]	Rochester, N. Y.	C. Boller	1,362	6,106	138	88	1	4	3	75
Highland Hospital [1-3]	Rochester, N. Y.	J. R. Williams, Jr.	1,877	718	166	90	2	5	3	100
Rochester General Hospital [1-3]	Rochester, N. Y.	L. Pulsifer	2,350	6,591	251	139	3	9	3	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	L. F. LaPalm	2,360	6,957	...	114	2	3	3	200
Strong Memorial-Rochester Municipal Hospitals [1-3-213]	Rochester, N. Y.	W. S. McCann	4,416	17,673	435	323	...	15	3	41.66
Ellis Hospital [1]	Schenectady, N. Y.	H. Reynolds	3,548	1,074	246	..	2	4	3	...
St. Vincent's Hospital [1-3]	Staten Island, N. Y.	H. A. Cochrane	1,797	910	221	53	1	1	1	150
Staten Island Hospital [1-3]	Staten Island, N. Y.	J. J. Silverman	1,677	1,219	118	63	1	1	1	200
State University of New York Medical Center [1-3-217]	Syracuse, N. Y.	R. H. Lyons	4,035	9,176	482	180	8	20	3	191.66
Grasslands Hospital [1-3]	Valhalla, N. Y.	R. R. Heffner	818	9,150	197	104	1	5	3	125
White Plains Hospital [1-3]	White Plains, N. Y.	E. W. Weber	1,334	1,202	111	41	1	4	3	125
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	C. H. Burnett	1,072	6,202	53	23	5	11	3	146
Charlotte Memorial Hospital	Charlotte, N. C.	J. M. Alexander	2,155	4,760	107	52	1	2	2	150
Duke Hospital [1-3]	Durham, N. C.	E. A. Steed, Jr.	4,780	23,230	151	96	14	34	3	41.33
Watts Hospital [1]	Durham, N. C.	I. H. Manning	2,621	13,373	108	101	2	4	3	150
Rex Hospital [1-3]	Raleigh, N. C.	C. L. Royster	3,231	10,694	195	46	1	1	1	200
James Walker Memorial Hospital [1-3]	Wilmington, N. C.	...	2,643	...	129	30	1	1	1	150
City Memorial Hospital	Winston-Salem, N. C.	C. R. Welfare	1,987	4,798	173	81	2	4	3	200
Kate Bitting Reynolds Memorial Hospital [1]	Winston-Salem, N. C.	R. L. Smith	2,023	7,250	188	42	1	2	2	200
North Carolina Baptist Hospital [1-3-225]	Winston-Salem, N. C.	E. H. Yount	2,142	5,334	118	61	4	9	3	41.66
Bismarck Hospital	Bismarck, N. D.	C. H. Peters	1,614	64,950	89	33	2	2	1	300
St. Luke's Hospital	Fargo, N. D.	W. Stafne	1,334	4,588	76	37	1	1	1	200
City Hospital [1-3]	Akron, Ohio	R. Wilson	4,216	...	496	127	3	6	3	250
Peoples Hospital [1-3]	Akron, Ohio	J. P. Sauvageot	1,470	3,999	144	56	2	4	3	250
St. Thomas Hospital [1-3]	Akron, Ohio	R. B. Smith	2,177	2,158	139	70	2	5	3	250
Aultman Hospital [1-3]	Canton, Ohio	W. A. White	2,808	621	221	109	3	6	3	225
Mercy Hospital [1-3]	Canton, Ohio	C. B. Hamilton	2,992	483	230	97	1	3	3	200
Christ Hospital [1]	Cincinnati	J. H. Skavlem	1,367	7,651	169	61	2	4	3	200
Cincinnati General Hospital [1-3-7-13]	Cincinnati	M. A. Blankenhorn	2,089	27,531	447	225	32	48	3	...
Deaconess Hospital [1-3]	Cincinnati	R. Woolford	3,460	...	138	37	2	2	1	275
Good Samaritan Hospital [1-3]	Cincinnati	E. Schlueter	3,034	...	251	94	3	9	3	175
Jewish Hospital [1-3-236]	Cincinnati	H. B. Weiss	3,413	4,097	294	130	6	11	3	145
St. Mary's Hospital [1-3]	Cincinnati	R. J. Anzinger	825	6,244	174	35	..	..	3	250
City Hospital [1-3]	Cleveland	R. W. Scott	1,967	37,259	504	176	..	..	3	90
Cleveland Clinic Hospital [1-3]	Cleveland	A. C. Ernstene	1,479	31,379	84	33	14	39	3	175
Fairview Park Hospital [1-3]	Cleveland	H. E. Christman	1,701	1,315	122	36	2	2	1	120
Lutheran Hospital [1-3]	Cleveland	M. August	1,407	...	123	50	1	4	3	162
Mount Sinai Hospital [1-3]	Cleveland	M. Siegel	2,447	14,336	282	102	4	8	3	...
St. Alexis Hospital [1-3]	Cleveland	R. R. Bartunek	3,453	4,098	246	81	2	4	3	250
St. John's Hospital [1-3]	Cleveland	W. J. Fornes	2,979	654	165	46	2	4	3	...
St. Luke's Hospital [1-3]	Cleveland	A. D. Nichol	4,017	11,044	314	156	3	7	3	120
St. Vincent Charity Hospital [1]	Cleveland	C. S. Stone	1,890	23,598	207	41	2	6	3	...
University Hospitals [1-3]	Cleveland	J. T. Wearn	3,757	25,929	369	193	12	21	3	25
Mount Carmel Hospital [1]	Columbus, Ohio	P. T. Knies	2,244	1,279	184	52	2	5	3	250

Numerical and other references will be found on pages 373 and 374.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
University Hospitals										
St. Francis Hospital [1-3]	Columbus, Ohio	B. K. Wiseman	882	...	160	66	..	3	3	125
University Hospital [1-3-243]	Columbus, Ohio	B. K. Wiseman	3,142	29,231	244	161	10	33	3	150
White Cross Hospital [1-3]	Columbus, Ohio	R. H. Jacques	2,487	...	68	11	1	3	3	375
Miami Valley Hospital [1-3]	Dayton, Ohio	R. K. Bartholomew	2,504	3,097	316	111	1	3	3	210
Huron Road Hospital [1-3]	East Cleveland, Ohio	E. A. Marshall	1,514	1,619	171	74	2	4	2	210
Marymount Hospital [1-3]	Garfield Heights, Ohio	A. A. Hill	2,503	...	135	66	2	2	1	300
Lakewood Hospital [1-3]	Lakewood, Ohio	J. T. Ledman	1,524	1,278	190	68	2	6	3	150
St. Rita's Hospital [1-3]	Lima, Ohio	F. G. Maurer	843	...	59	26	1	3	3	175
Maumee Valley Hospital [1-3]	Toledo, Ohio	A. A. Applebaum	1,324	9,818	219	95	3	6	3	210
Mercy Hospital [1-3]	Toledo, Ohio	G. W. Bascom	1,950	982	144	55	1	3	1	200
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. A. Schnitker	3,458	...	284	88	2	4	3	225
Toledo Hospital [1-3]	Toledo, Ohio	C. S. Mundy	2,038	771	172	106	1	3	3	200
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	J. N. McCann	1,094	972	37	16	1	2	2	225
Youngstown Hospital [19]	Youngstown, Ohio	W. H. Bunn	6,976	2,631	447	206	2	6	3	125
St. Anthony Hospital	Oklahoma City, Okla.	P. M. McNeill	2,521	1,262	252	77	1	2	2	150
University Hospitals [1-3]	Oklahoma City, Okla.	S. Wolf	1,177	15,770	144	51	3	6	3	50
Wesley Hospital [1-240]	Oklahoma City, Okla.	W. W. Rucks	1,308	6,254	125	49	1	3	3	150
Hillcrest Medical Center [1]	Tulsa, Okla.	R. M. Wadsworth	2,721	...	138	39	1	3	2	150
St. John's Hospital [1]	Tulsa, Okla.	F. R. Park	2,760	...	200	46	1	3	3	150
Emanuel Hospital [1-3]	Portland, Ore.	W. Scott	2,875	...	238	102	1	3	3	100
Good Samaritan Hospital [1-3]	Portland, Ore.	B. Holcomb	4,648	...	247	114	2	2	1	100
Providence Hospital [1-3]	Portland, Ore.	J. Krygier	3,489	...	231	132	1	3	3	150
St. Vincent's Hospital [1]	Portland, Ore.	H. L. Dick	4,206	93	278	120	2	4	3	165
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	H. P. Lewis	2,242	23,839	394	253	2	6	3	85
Abington Memorial Hospital [1-3]	Abington, Pa.	J. T. Beardwood	1,870	2,260	195	73	1	2	3	100
Allentown Hospital [1-3]	Allentown, Pa.	C. H. Kellner	2,467	1,839	315	115	1	1	3	225
Sacred Heart Hospital [1]	Allentown, Pa.	A. W. Dubbs	2,300	9,382	149	63	1	1	2	200
St. Luke's Hospital [1-3]	Bethlehem, Pa.	L. I. Fisher	2,234	1,060	233	104	2	2	3	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	W. W. Dyer	1,891	841	185	109	2	4	1	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	W. A. Stanisby	2,329	11,817	138	51	..	7	2	100
Easton Hospital [1-3]	Easton, Pa.	J. Kincov	2,062	5,265	201	60	2	2	2	200
Hamot Hospital [1-3]	Erie, Pa.	J. R. Tredway	2,710	1,985	221	70	1	1	1	200
Westmoreland Hospital [1-3]	Greensburg, Pa.	E. Hirshberger	1,358	...	134	44	1	1	2	300
Harrisburg Hospital [1-3]	Harrisburg, Pa.	J. A. Daugherty	2,194	5,369	329	102	1	2	2	200
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	A. W. Cowley	2,432	2,102	126	66	4	4	2	250
Albert Einstein Medical Center										
Northern Division [1-3]	Philadelphia	M. Bernstein	2,748	12,859	244	87	2	6	3	100
Southern Division [1-3]	Philadelphia	A. I. Rubenstone								
		T. H. Mendell	1,990	12,224	188	110	4	4	3	75
Episcopal Hospital [1]	Philadelphia	S. R. Vogel	1,512	5,346	239	94	2	6	3	100
Germantown Dispensary and Hospital [1-3]	Philadelphia	R. W. Mays	2,134	5,110	261	99	1	3	3	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. L. Bockus	1,906	5,821	69	30	2	4	2	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	C. L. Brown	2,593	28,443	303	91	2	6	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Wood	3,656	15,430	205	139	..	35	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3-14]	Philadelphia	W. G. Leaman	962	3,544	42	21	1	5	3	60
Jefferson Medical College Hospital [1-3]	Philadelphia	J. E. Deitrick	2,998	31,925	240	90	13	24	2	...
Lankenau Hospital [1-3]	Philadelphia	E. L. Bortz								
		F. L. Hartmann	1,865	1,797	165	77	2	4	2	100
Methodist Episcopal Hospital [1-3]	Philadelphia	H. F. Robertson	1,145	2,758	122	27	1	2	1	200
Pennsylvania Hospital [1-3]	Philadelphia	G. G. Duncan	2,278	6,088	249	112	9	9	2	20
Philadelphia General Hospital [1-3-9]	Philadelphia	D. N. Kremer	5,311	21,561	991	442	5	16	3	112.34
Presbyterian Hospital [1-3-255]	Philadelphia	J. W. Handley	1,893	3,773	174	57	1	1	3	100
Temple University Hospital [1-3]	Philadelphia	R. A. Kern	3,624	18,849	214	89	5	13	3	50
Woman's Hospital [1-3]	Philadelphia	M. Easby	942	1,579	62	25	1	2	2	175
Allegheny General Hospital [1-3]	Pittsburgh	M. H. McCaffrey	551	5,269	35	20	..	2	2	150
Elizabeth Steel Magee Hospital [1-3]	Pittsburgh	J. D. Heard	1,351	900	113	17	1	3	3	50
Mercy Hospital [1-3]	Pittsburgh	W. W. G. MacLachlan	1,884	5,105	88	15	1	1	3	150
Montefiore Hospital [1-3]	Pittsburgh	Y. D. Koskoff	2,200	10,617	207	94	3	7	3	58.33
Presbyterian Hospital [1]	Pittsburgh	A. H. Colwell	1,561	...	118	38	3	9	3	50
St. Francis Hospital [1-3]	Pittsburgh	A. P. D'Zmura	2,005	1,872	166	49	1	3	3	150
St. Margaret Hospital [1]	Pittsburgh	C. Bowen	729	1,470	44	20	1	1	1	175
South Side Hospital [1-3]	Pittsburgh	H. Klinzing								
		G. R. Williamson	1,879	1,383	211	58	1	1	2	250
Western Pennsylvania Hospital [1-3]	Pittsburgh	F. A. Evans	2,874	4,062	323	54	1	3	3	225
Reading Hospital [1-3]	Reading, Pa.	J. R. Spannuth	1,783	1,424	280	108	1	2	2	125
St. Joseph's Hospital [1-3]	Reading, Pa.	J. M. Mulligan	...	1,021	...	...	1	1	1	250
Robert Packer Hospital [1-3]	Sayre, Pa.	S. D. Conklin	3,719	15,252	147	63	3	9	3	100
Scranton State Hospital [1-3]	Scranton, Pa.	M. Goldstein	1,349	2,309	208	46	1	1	2	236
Wilkes-Barre General Hospital [1]	Wilkes-Barre, Pa.	G. E. Baker	2,874	2,278	233	62	1	1	1	225
York Hospital [1-3]	York, Pa.	H. B. Thomas	2,068	3,708	377	100	1	1	1	250
Rhode Island Hospital [1-3]	Providence, R. I.	N. S. Fulton	5,200	10,450	495	213	4	10	3	69
Roper Hospital [1-3]	Charleston, S. C.	V. Moseley	2,556	38,770	221	67	4	8	3	83
Columbia Hospital [1-3]	Columbia, S. C.	F. E. Zemp	4,384	....	305	69	1	3	3	150
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	P. H. Livingston	4,066	7,829	353	63	3	6	3	125
Memorial Hospital [1-3]	Chattanooga, Tenn.	E. W. Patton	1,063	....	86	32	..	..	1	250
Knoxville General Hospital [1]	Knoxville, Tenn.	R. B. Wood	5,362	6,164	181	41	..	1	1	125
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	B. M. Overholt	691	134	..	..	1	3	3	300
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	O. Warr	5,102	1,440	297	71	1	3	3	100
John Gaston Hospital [1-3]	Memphis, Tenn.	C. H. Sanford	2,718	20,000	633	334	1	10	3	35
St. Joseph Hospital [1-3]	Memphis, Tenn.	S. Blackwell	3,519	525	199	59	1	3	3	....
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	G. Brothers	949	7,738	163	52	2	5	3	125
St. Thomas Hospital [1-3]	Nashville, Tenn.	W. R. Cate	1,704	....	156	63	1	6	2	200
Vanderbilt University Hospitals										
Nashville General Hospital [1-3]	Nashville, Tenn.	R. H. Kampmeier	1,041	9,226	140	32	..	3	3	50
Vanderbilt University Hospital [1-3-267]	Nashville, Tenn.	H. J. Morgan	3,393	24,423	166	94	2	7	3	50
Oak Ridge Institute of Nuclear Studies [1]	Oak Ridge, Tenn.	G. A. Andrews	223	317	30	28	..	2	1	166
Baylor University Hospital [1-3]	Dallas, Texas	H. Wimans	4,635	1,890	377	83	2	5	3	75
Methodist Hospital [1-3]	Dallas, Texas	C. S. Barnes	1,985	857	134	37	1	4	3	125
Parkland Hospital [1-3]	Dallas, Texas	D. Seldin	1,103	7,161	253	101	5	8	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	T. M. Kirksey	2,689	4,739	190	56	2	3	3	125
Harris Hospital [1-8]	Fort Worth, Texas	F. Halpin	4,769	1,093	195	70	1	3	2	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. T. Stone	2,290	27,033	272	157	..	20	3	50
Hermann Hospital [1-3-274-278]	Houston, Texas	J. A. Greene	5,262	7,033	370	125	3	7	3	100
Jefferson Davis Hospital [1]	Houston, Texas	J. A. Greene	2,003	50,032	453	106	4	10	3	50
M. D. Anderson Hospital for Cancer Research [1-3-273]	Houston, Texas	C. D. Howe	2,087	3,459	55	42	2	8	1	....
Methodist Hospital [1-3]	Houston, Texas	H. W. Cummings	1,749	1,004	93	31	1	3	3	100

Numerical and other references will be found on pages 373 and 374.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Southern Pacific Hospital [3]	Houston, Texas	M. D. Levy	739	16,001	13	6	1	2	[80]	200
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	W. W. Bondurant	800	6,324	149	31	1	3	[80]	125
Santa Rosa Hospital [3]	San Antonio, Texas	M. M. Minter	3,827	20,308	247	51	1	1	1	150
Scott and White Memorial Hospitals [1-3]	Temple, Texas	V. M. Longmire	2,490	24,091	95	43	4	12	3	300
Wichita Falls Clinic Hospital	Wichita Falls, Texas	O. B. Kiel	2,032	50,455	42	5	1	1	1	...
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	W. P. Daines	1,902	4,301	139	68	2	2	1	250
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City, Utah	L. H. Moench	3,408	6,626	236	77	1	3	3	160
Holy Cross Hospital [1-3]	Salt Lake City, Utah	L. W. MacFarlane	1,054	...	72	19	1	3	1	175
Salt Lake County General Hospital [1-3]	Salt Lake City, Utah	M. M. Wintrobe	855	12,623	169	111	2	21	3	...
Bishop DeGoesbriand Hospital [1-3]	Burlington, Vt.	C. M. Terrien	1,757	3,342	99	33	1	1	2	50
Mary Fletcher Hospital [1-3-214-230]	Burlington, Vt.	E. L. Amidon	1,372	655	54	29	3	6	2	110
Alexandria Hospital [1-3]	Alexandria, Va.	B. C. Jones, Jr.	1,084	2,089	105	37	1	3	3	225
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. Parsons	2,930	12,361	201	87	9	21	3	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. R. Beckwith	3,108	8,822	109	33	4	5	2	150
Riverside Hospital [1-3]	Newport News, Va.	E. B. Mewborne	4,122	...	138	57	2	2	1	225
De Paul Hospital [1-3]	Norfolk, Va.	J. D. Lea	2,671	2,463	188	73	2	4	3	225
Norfolk General Hospital [1-3]	Norfolk, Va.	J. F. Waddill	2,410	12,021	215	94	4	7	3	125
Johnston-Willis Hospital [1-3]	Richmond, Va.	J. M. Hutcheson	2,542	2,000	152	72	1	1	1	225
Medical College of Virginia—Hospital Division [1-3-215]	Richmond, Va.	W. B. Porter	3,856	9,787	419	123	10	19	3	50
Jefferson Hospital [1-3]	Roanoke, Va.	G. B. Lawson	3,546	5,171	93	37	1	2	1	200
Lewis Gale Hospital	Roanoke, Va.	R. H. Jones	1,956	14,496	107	33	2	2	3	200
Doctors Hospital [3]	Seattle, Wash.	J. D. Collins	1,941	...	166	100	2	2	1	125
King County Hospital—Unit No. 1 (Harborview) [1-204]	Seattle, Wash.	R. Williams	3,892	23,385	716	437	6	11	3	110
Providence Hospital [1-3]	Seattle, Wash.	R. F. Foster	2,241	857	140	77	2	2	2	200
Swedish Hospital [1-3]	Seattle, Wash.	K. B. Skubi	2,377	...	149	74	1	2	1	100
Virginia Mason Hospital [1-3]	Seattle, Wash.	R. L. King	3,549	16,087	146	81	3	6	2	100
Deaconess Hospital [1-3]	Spokane, Wash.	O. C. Olson	1,817	...	131	60	1	1	2	175
St. Luke's Hospital [1-3]	Spokane, Wash.	W. N. Myhre	2,311	...	109	54	1	1	1	150
Northern Permanente Foundation [1-3]	Vancouver, Wash.	E. W. Saward	455	28,196	33	18	1	1	1	200
Charleston General Hospital [3]	Charleston, W. Va.	W. A. Thornhill	2,773	3,170	125	51	2	4	3	160
Memorial Hospital [1-3]	Charleston, W. Va.	P. A. Tuckwiller	812	2,450	34	20	1	3	3	240
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	W. E. Bray, Jr.	2,397	2,034	83	21	3	4	3	150
St. Mary's Hospital [1-3]	Huntington, W. Va.	W. E. Vest	2,903	6,681	103	34	1	1	1	175
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	D. A. MacGregor	2,913	6,330	196	73	1	3	3	325
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	T. E. Gundersen	2,196	...	97	45	1	1	2	300
Madison General Hospital [1-3]	Madison, Wis.	A. B. Weinstein	944	...	121	39	..	2	3	150
St. Mary's Hospital [1-3]	Madison, Wis.	R. X. Farrell	1,642	...	117	39	1	1	3	125
University Hospitals [1-3]	Madison, Wis.	O. O. Meyer	4,299	9,233	168	112	8	18	3	50
St. Joseph's Hospital [1]	Marshfield, Wis.	K. H. Doerge	1,566	...	109	51	1	3	3	300
Columbia Hospital [1-3-238]	Milwaukee	E. W. Mason	1,097	...	89	60	1	3	3	125
Milwaukee County Hospital [1-3]	Milwaukee	J. Shaiken	9,939	31,490	1,270	273	7	21	3	208.92
Milwaukee Hospital [1-3-236-239]	Milwaukee	S. M. Evans	2,606	1,325	139	64	1	3	3	150
Mount Sinai Hospital [1-3]	Milwaukee	R. A. Frisch	1,312	4,555	134	26	1	3	3	300
St. Joseph's Hospital [1-3]	Milwaukee	S. Rosenthal	3,216	...	254	126	1	3	3	200
Gorgas Hospital [3]	Ancon, C. Z.	G. M. Stevenson	3,319	17,205	166	65	2	6	..	282.55
Queen's Hospital [1-3]	Honolulu, T. H.	H. L. Arnold	3,042	16,231	264	126	4	7	3	135
San Juan City Hospital [1-3]	San Juan, P. R.	R. S. Diaz Rivera	1,634	23,492	137	64	2	5	..	150

9. MALIGNANT DISEASES

The following services have been approved for one year of training by the Council on Medical Education and Hospitals. Hospitals, 13; Assistant Residencies and Residencies, 35

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Stipend (Month)
FEDERAL									
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Hines, Ill.	T. H. Clarke	1,110	702	213	119	..	..	...
NONFEDERAL									
City of Hope Hospital	Duarte, Calif.	H. K. Sachs	645	.....	75	32	3	3	300
Presbyterian Hospital-Olnsted Memorial [1-3]	Los Angeles	C. C. Benz	585	1,076	84	30	..	1	175
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	W. F. Delphey	567	.....	58	39	1	2	240
Michael Reese Hospital [1-3]	Chicago	E. Uhlenhuth	897	5,250	122	48	2	3	75
Westfield State Sanatorium [1-3]	Westfield, Mass.	F. S. Hopkins	831	7,549	78	38	3	3	150
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	H. Schwarz, II	1,300	9,045	37	31	..	6	100
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	T. M. Martin							
		A. N. Arneson	824	10,921	9	3	2	2	125
Metropolitan Hospital	New York City	.....	...	.....	..	..	..	..	...
Montefiore Hospital [1-3]	New York City	D. Lasdo	754	5,343	329	168	5	6	60
American Oncologic Hospital [1-3]	Philadelphia	J. W. Bransfield	1,151	7,823	38	12	4	4	250
Jeanes Hospital [1-3]	Philadelphia	A. E. Bothe	2,211	8,319	108	39	1	2	2.5
M. D. Anderson Hosp. for Cancer Research [1-3-273]	Houston, Texas	R. L. Clark, Jr.							
		W. O. Russell	2,087	30,733	89	59	..	4	...

10. NEUROLOGICAL SURGERY

The following services have been approved by the Council and the American Board of Neurological Surgery. Hospitals, 95; Assistant Residencies and Residencies, 288

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital [1-66]	San Francisco	K. Welch	940	385	15	14	1	1	1	...
Army Medical Center [1-99-97]	Washington, D. C.	J. Martin	700	587	12	12	[2]	4	2	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. D. French	285	660	24	18	[2] [2]	2	3	...
Veterans Admin. Hospital [1-3]	Los Angeles	E. Stern	422	482	37	30	[2]	[2]	1	...
Veterans Admin. Hospital [1]	San Francisco	O. W. Jones, Jr.	340	498	25	15	1	[2]	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. T. Davis	771	502	56	26	1	[2]	3	...

Numerical and other references will be found on pages 373 and 374.

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10. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	F. A. Carmichael, Jr.	75	85	13	6	1	1	2	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	E. Grantham	213	164	17	11	1	1	1	...
Veterans Admin. Hospital [1]	Boston (Jamaica Plain), Mass.	J. H. Drew	448	454	28	23	1	2	2	...
Veterans Admin. Hospital [1-3]	Minneapolis	L. A. French	206	63	12	8	..	2	3	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	J. E. Scarff	259	428	23	12	1	5	3	...
Veterans Admin. Hospital [1-3]	Cleveland	C. W. Elkins	421	266	21	14	2	2	1	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	N. Gotten	724	47	23	11	1	2	1	...
Veterans Admin. Hospital [1-171]	White River Jct., Vt.	H. L. Heyl	582	1,202	2	2	1	3	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. L. Ulmer	430	495	20	13	1	3	2	...
NONFEDERAL										
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	J. G. Galbraith	652	310	52	19	..	1	1	...
Cedars of Lebanon Hospital [1-3]	Los Angeles	T. Putnam	141	612	7	2	1	1	1	150
Los Angeles County Hospital [1]	Los Angeles	C. W. Rand	2,742	2,050	215	26	..	4	3	199
White Memorial Hospital [1-3]	Los Angeles	P. J. Vogel	346	...	20	11	1	2	2	146.25
Franklin Hospital [1-3]	San Francisco	H. A. Brown	917	410	13	7	1	3	3	125
University of California Hospital [1-3-30]	San Francisco	E. B. Boldrey	486	1,184	21	20	..	3	3	87
Hartford Hospital [1-3]	Hartford, Conn.	W. B. Scoville	1,089	3.9	48	45	..	3	3	50
St. Francis Hospital [1-3]	Hartford, Conn.	R. C. Buckley	817	542	47	26	1	1	1	100
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	W. J. German	449	696	50	30	1	3	3	50
Georgetown University Hospital [1-3]	Washington, D. C.	O. H. Fulher	313	39	..	..	1	1	1	...
George Washington University Hospital [1-3]	Washington, D. C.	J. W. Watts	298	146	15	7	..	1	2	130
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	J. G. Lyerly	300	...	13	5	1	1	1	135
Emory University Hospital [1-3]	Emory University, Ga.	F. F. Fincher	401	...	18	15	2	2	2	245
Augustana Hospital [1-3]	Chicago	W. A. Gustafson	219	...	6	5	1	1	1	150
Chicago Memorial Hospital [1-3-79]	Chicago	P. C. Bucy	340	500	22	17	..	4	2	200
Cook County Hospital [1-3]	Chicago	M. Tinsley	1,738	495	168	18	1	1	1	50
Mercy Hospital [1-3]	Chicago	H. C. Voris	281	366	10	7	1	1	2	100
Northwestern University Medical Center										
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	166	...	8	..	..	1	3	50
Wesley Memorial Hospital [1-3]	Chicago	...	...	...	..	..	..	..	3	50
Veterans Admin. Research Hospital	Chicago	...	...	...	..	..	..	..	...	...
Evanston Hospital	Evanston, Ill.	J. Tarkington	...	...	..	..	..	..	...	...
Presbyterian Hospital [1-3]	Chicago	A. Verbrugghen	251	720	9	6	..	2	2	125
St. Luke's Hospital [1-3]	Chicago	E. Oliberg	390	...	28	20	1	2	3	50
University of Chicago Clinics [1-3]	Chicago	T. B. Rasmussen	247	1,855	30	22	1	3	2	175
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	E. Oliberg	752	11,312	70	38	2	5	3	60
Indiana University Medical Center [1-103]	Indianapolis	R. F. Meinberger	529	1,197	45	35	1	3	3	150
University Hospitals [1-3]	Iowa City, Iowa	R. Meyers	...	...	..	1	2	3	3	133
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Williamson	300	832	17	12	..	2	3	125
University of Louisville Hospitals [1-3-113]	Louisville	R. G. Sparling	167	...	42	12	..	2	3	208.33
Ochsner Foundation Hospital [1-4]	New Orleans	D. H. Echols	234	1,478	10	7	..	2	2	150
Maine General Hospital [1-3]	Portland, Maine	G. L. Maltby	417	879	34	20	..	1	1	100
Johns Hopkins Hospital [1-3]	Baltimore	A. E. Walker	674	711	34	21	..	3	3	...
University Hospital [1-3-119-123]	Baltimore	J. G. Arnold, Jr.	591	585	56	29	1	5	3	50
Boston City Hospital [1-3]	Boston	D. Munro	661	...	58	8	1	5	2	112
Lahey Clinic [1-3]	Boston	G. Horrax	1,767	3,000	44	38	6	8	2	100
Massachusetts General Hospital [1-3]	Boston	J. C. White	641	...	57	40	1	3	3	100
New England Center Hospital [1-3]	Boston	B. Selverstone	120	...	7	7	..	3	1	75
University Hospital [1-3]	Ann Arbor, Mich.	E. A. Kahn	717	1,894	97	72	2	6	3	164.16
Grace Hospital [1-3-147]	Detroit	E. S. Gurdjian	6.8	...	24	12	2	6	3	225
Henry Ford Hospital [1-3]	Detroit	R. S. Knighton	386	2,457	22	15	1	2	2	225
University of Minnesota Hospitals [1-3]	Minneapolis	W. T. Peyton	458	6.8	35	21	1	4	3	169
Mayo Foundation [1-3]	Rochester, Minn.	W. Mck. Craig	4,086	4,946	82	72	8	24	3	150
Barnes Hospital [1-3]	St. Louis	H. G. Schwartz	487	655	42	25	..	3	3	150
University of Nebraska Hospital [1-3]	Omaha, Neb.	J. J. Keegan	39	...	1	...	..	1	3	175
Albany Hospital [1-3]	Albany, N. Y.	E. H. Campbell	940	134	37	22	2	3	3	135
Jewish Hospital [1-3]	Brooklyn	J. Siris	100	239	15	7	1	2	2	75
Kings County Hospital [1-3]	Brooklyn	E. J. Browder	3,907	2,466	251	126	3	6	3	98
Buffalo General Hospital [1-3]	Buffalo	W. H. Hamby	446	128	32	19	..	2	3	125
Millard Fillmore Hospital [1-3]	Buffalo	W. F. Beswick	361	...	16	12	1	1	1	235
Bellevue Hospital Center										
Division II—Cornell University [1-3]	New York City	W. D. Wingebach	105	221	19	13	1	2	2	98.60
Division IV—New York University Post-Graduate Medical School [1-208]	New York City	T. I. Hoen	500	200	42	..	1	6	1	98
Beth Israel Hospital [1-3]	New York City	L. M. Davidoff	205	183	18	9	1	1	3	75
Mount Sinai Hospital [1-3]	New York City	L. Davidoff	337	...	45	10	1	2	3	...
New York Hospital	New York City	B. Ray	464	...	35	20	1	2	3	25
New York University-Bellevue Medical Center	New York City	(See Bellevue Hospital Center, Divisions II and IV)								
Presbyterian Hospital (Neurological Institute) [1-3]	New York City	J. L. Pool	672	485	79	73	5	8	3	208.33
St. Vincent's Hospital [1-3]	New York City	C. G. deGutierrez-Mahoney	645	1,426	59	28	1	3	2	50
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	W. P. Van Wagenen	317	127	..	..	..	15	3	41.66
State University of New York Medical Center [1-3-221]	Syracuse, N. Y.	A. Ecker	360	336	28	19	..	1	1	191.66
Duke Hospital [1-3]	Durham, N. C.	B. Woodhall	1,164	1,631	72	31	1	7	3	25
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	E. Alexander	318	847	38	25	2	3	3	41.66
Christ Hospital [1]	Cincinnati	F. H. Mayfield	285	810	9	3	1	1	1	200
Cincinnati General Hospital [1-3]	Cincinnati	J. P. Evans	260	653	69	39	..	1	3	...
Good Samaritan Hospital [1-3]	Cincinnati	F. Mayfield	153	...	16	8	..	1	1	215
Cleveland Clinic Hospital [1-3]	Cleveland	W. J. Gardner	881	4,919	47	26	2	6	3	175
White Cross Hospital [1-3]	Columbus, Ohio	H. E. LeFever	917	...	43	29	1	3	2	375
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. T. Schnitker	554	...	29	19	1	1	1	225
University Hospitals [1-3-215]	Oklahoma City	H. Wilkins	228	982	24	8	..	1	2	50
University of Oregon Medical School Hospitals and Clinics [1-219]	Portland, Ore.	J. A. Raaf	85	...	...	..	1	4	3	85
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. A. Groff	586	470	41	17	2	3	2	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Grant	451	815	38	34	2	6	3	50
Jefferson Medical College Hospital [1-3]	Philadelphia	R. J. Seneger	469	439	52	19	..	1	2	...
Temple University Hospital [1-3]	Philadelphia	M. Scott	756	584	53	20	1	3	3	50
Mercy Hospital [1-3]	Pittsburgh	F. H. Braydon	447	263	11	7	1	3	2	150
Western Pennsylvania Hospital [1-3]	Pittsburgh	S. N. Rowe	163	74	31	9	1	2	3	225
Robert Packer Hospital [1-3]	Sayre, Pa.	W. Bauryss	564	890	16	4	1	1	1	100
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	R. E. Semmes	1,770	239	63	21	1	2	2	100
Vanderbilt University Hospital [1-3-267]	Nashville, Tenn.	W. F. Meacham	589	73	38	7	1	3	3	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	S. R. Snodgrass	522	769	46	32	1	2	2	...
Methodist Hospital [1-3]	Houston, Texas	J. Greenwood	636	4	18	12	1	3	2	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. G. Crutchfield	699	504	28	8	1	3	3	50
Medical College of Virginia—Hospital Division [1-3-291]	Richmond, Va.	J. M. Meredith	1,029	636	97	35	1	4	3	50
University Hospitals [1-3]	Madison, Wis.	T. C. Erickson	273	...	34	30	1	4	3	50

Numerical and other references will be found on pages 373 and 374.

11. NEUROLOGY

The following services have been approved by the Council and the American Board of Psychiatry and Neurology
Hospitals, 78; Assistant Residencies and Residencies, 279

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital [1-66]	San Francisco	A. J. Levens	390	557	..	..	..	..	3	...
Army Medical Center [1-66-67]	Washington, D. C.	J. W. Kemble	347	1,481	5	3	1	3	3	...
Fitzsimons Army Hospital [1-66]	Denver	J. W. Sumner	206	1,156	..	..	..	..	2	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Bethesda, Md.	T. W. McDaniel	288	...	3	3	..	2	1	...
U. S. Naval Hospital [1]	Philadelphia	J. F. McMullin	240	483	6	3	..	2	1	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE										
Freedmen's Hospital [1-3]	Washington, D. C.	E. Y. Williams	236	1,341	11	2	1	2	2	...
St. Elizabeth's Hospital [1-3]	Washington, D. C.	G. D. Weickhardt	229	557	30	20	1	1	1	...
VETERANS ADMINISTRATION										*
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. M. Nielsen	426	694	44	36	3	3	3	...
Veterans Admin. Hospital [1-3]	Los Angeles	A. Rose	379	279	9	7	1	1	2	...
Veterans Admin. Hospital [1]	San Francisco	H. W. Newman T. A. Gonda	222	268	6	5	2	4	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	H. F. Corson	256	295	6	6	1	3	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. J. Pollack	1,024	168	93	45	..	3	3	...
Veterans Admin. Hospital [1]	Topeka, Kan.	M. R. Shaver	364	...	12	5	1	2	2	...
Veterans Admin. Hospital [1-3-12]	Louisville, Ky.	E. Roseman	224	310	38	18	1	1	2	...
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain), Mass.	W. Bloomberg	673	1,181	31	6	12	12	3	...
Veterans Admin. Hospital [1-3]	Minneapolis	R. C. Gray	561	115	23	19	..	7	3	...
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	M. E. Margulies	360	138	21	16	1	2	3	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	H. L. Flowers	646	1,616	46	24	2	6	3	...
Veterans Admin. Hospital [1-3]	Cleveland	N. P. Shumway	421	50	19	7	1	1	1	...
Veterans Admin. Hospital [1-3]	Coatesville, Pa.	C. Rupp	...	...	..	..	5	5	3	...
Veterans Admin. Hospital [1-3]	Houston, Texas	C. A. Iannucci	489	195	25	21	1	3	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	B. Nagler	258	35	1	1	1	3	3	...
NONFEDERAL										
Los Angeles County Hospital [1]	Los Angeles	J. M. Nielsen	3,314	4,525	775	214	..	3	3	150
White Memorial Hospital [1-3]	Los Angeles	E. D. Fisher	136	2,286	4	2	1	3	3	146.25
University of California Hospital [1-3]	San Francisco	R. B. Aird	399	3,891	7	6	..	3	2	87
University of Colorado Medical Center Colorado General Hospital [1-3-22]	Denver, Colo.	G. M. Shy	111	757	25	18	3	6	3	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	F. M. Forster W. Freeman	560	900	62	19	1	3	2	...
Georgetown University Hospital [1-3]	Washington, D. C.	F. M. Forster	103	1,662	..	..	2	6	2	...
George Washington University Hospital [1-3-91]	Washington, D. C.	W. Freeman	283	292	4	1	..	3	2	50
Cook County Hospital [1-3]	Chicago	J. A. Luhan	362	2,732	20	11	2	2	1	50
Neuropsychiatric Institute of the University of Illinois [1-3]	Chicago	E. Oldberg	752	11,312	70	58	1	2	3	60
St. Luke's Hospital [1-3]	Chicago	F. J. Gerty	674	492	5	3	1	1	2	50
University of Chicago Clinics [1-3]	Chicago	R. B. Richter	237	2,969	3	3	..	2	2	175
Indiana University Medical Center and Affiliated Hospitals Indianapolis General Hospital [1-102-103]	Indianapolis	A. Ross	107	978	44	9	1	1	1	150
Indiana University Medical Center [1]	Indianapolis	A. T. Ross	....	161	..	..	1	3	1	150
Methodist Hospital [1-3]	Indianapolis	E. E. Smith	501	...	..	..	1	1	1	...
University Hospitals [1-3-251]	Iowa City, Iowa	A. L. Sahs	974	553	25	16	3	5	3	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. T. Steegmann	162	869	8	5	..	1	2	...
Louisville General Hospital [1-3]	Louisville, Ky.	E. Roseman	...	1,464	..	..	2	5	1	150
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans	R. A. Matthews	109	3,179	5	2	1	3	3	40
Tulane Unit [1-3]	New Orleans	R. G. Heath	222	3,126	7	3	1	3	3	40
Baltimore City Hospitals [1-3]	Baltimore	J. W. Magladery	401	1,058	84	43	2	2	3	75
Johns Hopkins Hospital [1-3]	Baltimore	F. Ford	...	2,304	..	..	..	2	2	...
Boston City Hospital [1-3]	Boston	D. E. Denny-Brown	136	4,670	15	9	3	5	3	112
Massachusetts General Hospital [1-3]	Boston	R. D. Adams	573	5,959	31	26	1	2	3	100
New England Center Hospital [1-3]	Boston	J. F. Sullivan	...	....	..	..	..	2	1	83.33
University Hospital [1-3]	Ann Arbor, Mich.	R. N. DeJong	898	4,634	20	9	2	8	3	134.16
Henry Ford Hospital [1-3]	Detroit	L. D. Proctor	150	1,981	8	4	1	2	3	225
University of Minnesota Hospitals [1-3]	Minneapolis	A. B. Baker	578	2,199	31	24	..	4	3	150
Mayo Foundation [1-3]	Rochester, Minn.	H. W. Woltman	3,404	14,512	76	59	3	10	3	150
Barnes Hospital [1-3]	St. Louis	J. L. O'Leary	507	2,819	14	13	..	1	2	50
Albany Hospital [1-3]	Albany, N. Y.	R. W. Graves	427	624	14	9	2	3	1	135
Jewish Sanitarium and Hospital for Chronic Diseases [1-3]	Brooklyn	G. M. Rafalter	479	7,224	69	19	2	3	2	175
Kings County Hospital [1-3]	Brooklyn	E. J. Browder	1,869	3,483	557	83	2	4	3	98
Buffalo General Hospital [1-3]	Buffalo	J. H. Talbott	79	693	1	..	1	2	2	125
Bellevue Hospital Center Division II—Cornell University [1-3]	New York City	L. A. Hausman	422	2,217	44	20	..	2	3	98
Division III—N. Y. University College of Med. [1-3-19]	New York City	M. Bender	700	1,984	15	5	4	10	3	98
Beth Israel Hospital [1-3]	New York City	S. Brock	45	547	..	..	1	1	2	75
Goldwater Memorial Hospital [1-3]	New York City	I. S. Freiman	297	...	32	2	1	3	1	98
Lenox Hill Hospital [1-3]	New York City	A. Bell	328	1,615	17	4	1	2	2	180
Metropolitan Hospital [1-3]	New York City	I. Tarlov	79	873	9	2	1	1	1	150
Montefiore Hospital [1-3]	New York City	T. J. C. von Storch	552	2,393	61	32	3	4	3	60
Morrisania City Hospital [1-3]	New York City	N. Savitsky	...	1,032	..	..	1	2	2	98
Mount Sinai Hospital [1-3]	New York City	M. Bender	851	2,253	47	15	5	8	3	...
New York City Hospital [1-3]	New York City	L. V. Lyons	690	1,376	183	17	1	3	2	150
Presbyterian Hospital [1-3]	New York City	H. H. Merritt	3,025	15,213	66	..	10	15	3	208.33
North Carolina Memorial Hospital [1]	Chapel Hill, N. C.	T. W. Farmer	147	875	5	3	1	3	3	146
Duke Hospital [1-3]	Durham, N. C.	E. C. Kunkle	231	997	3	2	2	3	2	25
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. L. Masland	96	509	4	2	..	2	2	41.66
Cincinnati General Hospital [1]	Cincinnati	C. Aring	367	2,400	176	74	1	3	3	...
Cleveland Clinic Hospital [1-3]	Cleveland	L. J. Karnosh	137	14,367	5	2	1	2	2	175
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	M. Margason	...	1,816	..	..	1	1	1	85
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. C. Yaskin	654	1,377	14	9	2	3	2	...
Hospital of University of Pennsylvania [1-3]	Philadelphia	G. Gammon	470	3,258	14	12	2	4	3	100
Jefferson Medical College Hospital [1-3]	Philadelphia	B. J. Alpers	503	3,306	14	9	2	2	3	...
Philadelphia General Hospital [1-3]	Philadelphia	G. W. Wilson	1,590	3,888	429	173	2	6	3	112.34
St. Francis Hospital [1-3]	Pittsburgh	H. L. Mitchell	951	101	19	6	1	2	2	150
Parkland Hospital [1-3]	Dallas, Texas	B. Wilson	...	281	..	..	1	1	1	50
University of Texas Medical Branch Hosps. [1-3-272]	Galveston, Texas	T. H. Harris	...	...	..	..	9	27	1	...
University Hospitals [1-3]	Madison, Wis.	W. J. Bleckmann	560	1,475	11	8	1	3	3	50

Numerical and other references will be found on pages 373 and 374.

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12. OBSTETRICS AND GYNECOLOGY

The following services have been approved by the Council and the American Board of Obstetrics and Gynecology Hospitals, 431; Assistant Residencies and Residencies, 1,901

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL									
UNITED STATES ARMY									
Letterman Army Hospital [6]	San Francisco	E. A. Zimmerman	OBG	1,705	16,061	2	6	3	...
Fitzsimons Army Hospital [1-66]	Denver, Colo.	E. N. Akers	OBG	3,019	24,515	1	3	3	...
Army Medical Center [1-66-67]	Washington, D. C.	H. L. Rivas	OBG	3,641	24,478	3	8	3	...
Brooke Army Medical Center [66-280]	San Antonio, Texas	J. W. Simpson	OBG	3,703	27,941	2	6	3	...
Tripler Army Hospital [66]	Honolulu, T. H.	L. T. Dorgan	OBG	3,744	30,800	1	3	2	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Oakland, Calif.	E. T. Knowles	OBG	4,839	35,461	..	6	3	...
U. S. Naval Hospital	San Diego, Calif.	P. Peterson	OBG	5,772	65,325	..	7	3	...
U. S. Naval Hospital [1]	Great Lakes, Ill.	M. M. Rubin	OBG	3,009	22,113	..	3	2	...
U. S. Naval Hospital [1]	Bethesda, Md.	H. H. Bill	OBG	.....	19,105	..	6	3	...
U. S. Naval Hospital [1]	Chelsea, Mass.	L. T. Dorgan	OBG	2,375	20,236	..	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. L. Arje	OBG	2,963	23,258	..	3	3	...
U. S. Naval Hospital [1]	Philadelphia	E. L. Woolsey	OBG	2,658	21,031	..	4	3	...
U. S. Naval Hospital [1]	Portsmouth, Va.	H. Hirshland	OBG	5,535	36,212	..	4	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-3]	Washington, D. C.	J. W. Ross	OBG	4,127	8,089	..	6	3	...
NONFEDERAL									
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	T. M. Boulware	OB	2,268	10,058	1	1	1	200
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	J. R. Garber							
		W. N. Jones	OBG	5,638	13,602	1	7	3	...
		O. T. West	OB	2,089	20,570	1	3	2	225
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	C. Van Epps	OBG	4,031	.....	1	1	1	300
Good Samaritan Hospital [1-25]	Phoenix, Ariz.	Z. Campbell	OBG	233	.....	..	1	1	350
Maricopa County General Hospital [1]	Phoenix, Ariz.	W. E. Brown	OBG	2,885	14,387	5	10	3	120
University Hospital [1]	Little Rock, Ark.	T. R. Hoffmann	OBG	3,123	3,271	1	2	1	100
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	D. Harrington	OBG	2,220	10,331	1	3	3	235
San Joaquin General Hospital [1-3]	French Camp, Calif.	J. B. Brown	OBG	2,842	386	1	1	1	164.50
Glendale Sanitarium and Hospital	Glendale, Calif.	L. R. Hill	OBG	12,222	6,009	2	2	1	150
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	G. W. Hewitt	OB	3,129	767	2	3	2	150
California Hospital [1-3-40]	Los Angeles	A. M. McCausland	OBG	3,259	558	1	2	2	150
Hospital of the Good Samaritan [1-3]	Los Angeles	B. J. Hanley	OBG	17,476	18,357	..	10	3	...
Los Angeles County Hospital [1]	Los Angeles	R. R. Berren							
Presbyterian Hospital-Olmsted Memorial [1-3]	Los Angeles	H. C. Gernand	OBG	3,335	3,086	2	4	3	175
		A. M. McCarthy	OBG	6,770	4,065	1	5	3	150
Queen of Angels Hospital [1-3]	Los Angeles	E. Larsson	OBG	2,697	18,760	1	3	3	146.25
White Memorial Hospital [1-3]	Los Angeles	G. F. Calvin	OBG	3,135	7,295	1	2	3	...
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	R. W. King	OBG	5,109	28,405	3	9	3	...
Kaiser Foundation Hospital [1-3-40]	Oakland, Calif.	G. Macer	OBG	2,987	6,672	1	1	1	250
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	D. D. Deeds	OBG	7,026	6,844	2	6	2	175
Mercy Hospital [1-3]	San Diego, Calif.	P. L. Martin	OBG	1,088	3,845	1	2	2	150
San Diego County General Hospital [1-3]	San Diego, Calif.	H. A. Stephenson	OBG	3,268	3,220	2	4	2	125
Children's Hospital [1-3]	San Francisco	C. L. Cooley	OBG	2,808	9,528	1	2	2	150
Mary's Help Hospital [1-3]	San Francisco	C. D. Hart	OBG	2,640	515	1	2	2	300
St. Francis Memorial Hospital [1-3]	San Francisco	H. von Geldern	OBG	1,983	1,794	1	2	2	150
St. Joseph's Hospital [1-3]	San Francisco	P. H. Arnet	OB	2,203	1,627	2	2	1	150
St. Mary's Hospital [1-3]	San Francisco								
San Francisco Hospital									
Stanford University Service [1-39]	San Francisco	P. E. Hoffman	OBG	1,502	.....	1	2	3	75
University of California Service [1-39]	San Francisco	E. B. King	OBG	1,479	.....	2	3	3	75
Stanford University Hospital [1-3]	San Francisco	C. E. McLennan	OBG	2,873	11,985	4	10	3	50
University of California Hospital [1-3-40]	San Francisco	R. F. Traut	OBG	2,101	13,911	..	9	3	87
Santa Clara County Hospital [1]	San Jose, Calif.	J. C. Muir	OBG	1,449	7,499	2	4	2	260
St. John's Hospital	Santa Monica, Calif.	B. H. Watson	OBG	4,078	1,448	2	4	2	175
Harbor General Hospital [1-3]	Torrance, Calif.	D. G. Morton	OBG	2,545	2,870	3	6	3	190
St. Joseph's Hospital [1]	Denver	H. J. VonDetten	OBG	3,326	.....	1	1	3	150
University of Colorado Medical Center						3	9	...	150
Colorado General Hospital [1-3-22]	Denver, Colo.	E. S. Taylor	OBG	1,663	8,613	..	..	3	...
Denver General Hospital [1-3-22]	Denver, Colo.	N. P. Isbell	OBG	1,631	6,006	..	..	3	...
Bridgeport Hospital [1-3]	Bridgeport, Conn.	C. Griswold	OB	2,939	.....	1	2	2	125
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	J. Howard	OB	3,339	1,198	1	2	2	...
Hartford Hospital [1-3]	Hartford, Conn.	R. W. Storrs	OBG	8,727	5,926	1	3	3	50
St. Francis Hospital [1-3]	Hartford, Conn.	L. P. James	OBG	4,566	2,917	2	4	2	100
New Britain General Hospital [1-3]	New Britain, Conn.	D. A. Bristoll	OBG	2,950	.....	1	2	2	130
Grace-New Haven Community Hospital	New Haven, Conn.		OBG	5,876	11,377	5	10	3	50
General Service [1-3]		J. A. Fiorito	.....	.....	.....	..	..	..	...
University Service [1-3]		H. Thoms	.....	.....	.....	..	..	..	...
Hospital of St. Raphael [3]	New Haven, Conn.	C. Johnson	OBG	4,303	3,065	2	5	3	100
Lawrence and Memorial Associated Hospitals [1-3]	New London, Conn.	E. H. Blank	OBG	2,526	.....	2	2	1	250
Norwalk Hospital	Norwalk, Conn.	G. V. Gorham	OB	1,859	554	1	1	1	180
Columbia Hosp. for Women and Lying-In Asylum [1-3]	Washington, D. C.	P. Haynes	OBG	7,145	16,325	3	9	3	50
Doctors Hospital [1-3]	Washington, D. C.	J. D. Wynkoop	OBG	3,915	.....	1	2	2	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	J. Parks							
		A. Marchetti	OBG	6,980	8,331	4	7	3	...
Garfield Memorial Hospital [1-3]	Washington, D. C.	R. O'Connell, Jr.							
		H. P. Ramsey	OBG	3,200	3,040	4	6	3	160
Georgetown University Hospital [1-3]	Washington, D. C.	A. A. Marchetti	OBG	4,022	5,955	3	7	3	...
George Washington University Hospital [1-3]	Washington, D. C.	J. Parks	OBG	5,538	1,339	1	4	3	130
Providence Hospital [1-3]	Washington, D. C.	G. Ellis	OBG	3,423	2,176	1	3	3	200
Sibley Memorial Hospital [1-3-63]	Washington, D. C.	J. Kelz	OBG	3,292	89	2	4	2	300
Duval Medical Center [1-3]	Jacksonville, Fla.	F. Richards	OBG	1,976	8,751	1	2	2	150
St. Luke's Hospital [1]	Jacksonville, Fla.	J. C. Taylor	OB	2,281	4,667	2	2	1	225
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	E. F. McCall							
		V. Hughes	OBG	4,884	.....	1	2	1	135
Jackson Memorial Hospital [1]	Miami, Fla.	J. D. Milton	OBG	4,030	4,772	2	6	3	75
Orange Memorial Hospital [1-3]	Orlando, Fla.	D. D. Brame							
		H. A. Day	OBG	3,460	406	1	2	2	125
Mound Park Hospital [1]	St. Petersburg, Fla.	W. B. Estes	OBG	496	.....	..	..	1	225
Tampa Municipal Hospital [3]	Tampa, Fla.	H. G. Nix	OBG	2,185	2,516	1	1	1	125
Crawford W. Long Memorial Hospital [1-3-72]	Atlanta, Ga.	R. K. Hancock	OBG	8,905	5,607	6	10	3	87.50
Georgia Baptist Hospital	Atlanta, Ga.		OBG	.....	.....	..	..	2	...
Grady Memorial Hospital [1-3]	Atlanta, Ga.	W. L. Caton	OBG	7,257	51,222	8	14	3	20
Piedmont Hospital [1]	Atlanta, Ga.	C. B. Upshaw	OBG	2,274	.....	1	1	1	160

Numerical and other references will be found on pages 373 and 374.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Salary (Month)
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	M. Benson	OBG	2,143	3,498	1	2	3	160
University Hospital [75-77]	Augusta, Ga.	R. Torpin	OBG	5,565	.....	4	12	3	160
Augustana Hospital [1-3]	Chicago, Ill.	W. H. Browne	OB	1,137	1,302	2	2	1	150
Chicago Maternity Center [1-3-98]	Chicago, Ill.	B. E. Tucker H. B. Benaron A. Webster	OB	4,437	13,487	24	32	1	150
Cook County Hospital [1-3]	Chicago, Ill.	F. H. Falls	OBG	17,706	14,730	18	18	3	50
Englewood Hospital [3-97]	Chicago, Ill.	C. Krause H. Maryan	OB	1,726	.....	1	2	1	200
Frank Cuneo Memorial Hospital [3]	Chicago, Ill.	A. Daro	OBG	2,618	248	1	1	2	150
Grant Hospital [1-3]	Chicago, Ill.	V. C. Freda	OBG	2,342	1,677	3	3	3	...
Henrotin Hospital [1-3]	Chicago, Ill.	J. R. Wolff	OB	887	.....	1	1	1	200
Hospital of St. Anthony de Padua [1]	Chicago, Ill.	F. J. Fara	OB	2,111	.....	2	4	1	250
Illinois Masonic Hospital [1-3]	Chicago, Ill.	F. J. Roos	OBG	2,622	979	2	4	1	85
Lewis Memorial Maternity Hospital [1-3-96]	Chicago, Ill.	H. E. Schultz	OBG	2,809	14,042	4	13	3	...
Loretto Hospital [1-3]	Chicago, Ill.	G. Z. Wickster	OB	1,596	.....	2	2	1	200
Lutheran Deaconess Home and Hospital [1-3]	Chicago, Ill.	G. Rosene	OB	1,444	.....	1	1	1	200
Mercy Hospital [1-3-87-92]	Chicago, Ill.	H. E. Schultz	OBG	1,873	3,370	1	4	3	100
Michael Reese Hospital [1-3]	Chicago, Ill.	A. K. Koff	OBG	4,782	6,434	2	6	3	50
Mount Sinai Hospital [1-3-80]	Chicago, Ill.	A. J. Kobak	OBG	3,229	3,401	2	5	3	100
Passavant Memorial Hospital [1-3]	Chicago, Ill.	J. I. Brewer	OBG	1,897	.....	2	2	3	50
Presbyterian Hospital [1-3]	Chicago, Ill.	E. D. Allen	OBG	3,136	1,928	3	6	3	125
Provident Hospital [1-3]	Chicago, Ill.	P. M. Santos	OBG	.....	.....	2	5	3	...
Ravenswood Hospital [3]	Chicago, Ill.	R. J. Schriver	OBG	1,950	.....	2	3	2	75
St. Anne's Hospital [1-3]	Chicago, Ill.	F. H. Falls	OBG	849	20,547	2	6	3	60
St. Elizabeth Hospital [3]	Chicago, Ill.	R. J. Hawkins	OB	4,417	.....	6	6	3	50
St. Joseph Hospital [1-3]	Chicago, Ill.	F. J. Lavieri	OBG	3,837	.....	3	3	1	125
St. Luke's Hospital [1-3]	Chicago, Ill.	J. Geiger	OBG	2,158	1,618	1	2	3	200
Swedish Covenant Hospital [1-3]	Chicago, Ill.	E. A. Edwards	OBG	2,269	7,319	2	6	3	50
University of Chicago Clinics [1-3]	Chicago, Ill.	G. L. Rosene	OB	2,202	.....	1	2	1	200
University of Illinois Research and Educational Hosps. [1-3]	Chicago, Ill.	W. J. Dieckmann	OBG	5,825	36,610	14	23	3	175
Wesley Memorial Hospital [1-3]	Chicago, Ill.	G. H. Gardner	OBG	3,329	4,234	2	7	3	50
Women and Children's Hospital [1-3]	Chicago, Ill.	A. Phillips	OBG	993	1,145	1	1	3	100
Evanston Hospital [1-3]	Evanston, Ill.	D. N. Danforth	OBG	2,8 3	1,582	1	3	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	J. M. Bailey	OBG	4,645	2,051	1	3	3	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	P. E. Lawler W. T. Carlisle	OBG	5,078	.....	4	4	3	175
West Suburban Hospital	Oak Park, Ill.	F. H. Falls	OBG	1,166	365	2	4	2	150
Methodist Hospital of Central Illinois [1-3]	Peoria, Ill.	W. Cooley R. W. Brandes	OB	2,519	.....	2	2	1	200
St. Francis Hospital [1-3]	Peoria, Ill.	W. A. Michael	OBG	4,614	1,159	1	2	2	...
Indianapolis General Hospital [1]	Indianapolis, Ind.	J. W. Hofmann	OBG	2,842	7,716	1	3	3	150
Indiana University Medical Center [1]	Indianapolis, Ind.	C. P. Huber	OBG	4,221	9,202	1	3	3	150
Methodist Hospital [1]	Indianapolis, Ind.	L. J. Clark J. H. Hawk	OB	7,001	.....	1	1	2	...
St. Vincent's Hospital [1]	Indianapolis, Ind.	C. Habich	OBG	3,605	622	1	3	3	250
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	F. W. Peyton	OBG	2,183	26	1	3	2	175
University Hospital [1-3]	Iowa City, Iowa	J. H. Randall	OBG	2,233	1,997	3	9	3	75
University of Kansas Medical Center [1-3]	Kansas City, Kans.	L. A. Calkins	OBG	2,510	14,494	2	8	3	125
St. Fran is Hospital [1-3]	Wichita, Kans.	R. A. West	OBG	4,8 9	.....	2	2	1	...
Wesley Hospital [1-3]	Wichita, Kans.	R. H. Maxwell	OBG	5,8 6	.....	3	3	1	200
St. Joseph Hospital [1-3]	Lexington, Ky.	A. B. Barnett	OBG	1,698	169	1	1	3	140
Louisville General Hospital [1-3-115]	Louisville, Ky.	W. O. Johnson	OBG	3,330	16,887	..	9	3	100
St. Joseph Infirmary [1-3-111]	Louisville, Ky.	J. B. Marshall	OBG	3,752	1,041	1	3	3	...
Charity Hospital of Louisiana Independent Unit [1-3]	New Orleans	A. Jacobs	OBG	4,257	21,974	3	7	3	40
Louisiana State University Unit [1-3]	New Orleans	P. Grattagnino H. J. Tatum	OBG	6,526	31,927	4	10	3	40
Tulane Unit [1-3]	New Orleans	C. G. Collins	OBG	6,502	31,937	4	10	3	40
Hotel Dieu, Sisters' Hospital [1]	New Orleans	E. W. Nelson	OBG	4,467	1,075	2	2	1	200
Ochsner Foundation Hospital [1-3]	New Orleans	C. Tyrone	OBG	231	11,781	2	4	3	150
Southern Baptist Hospital [1-117]	New Orleans	F. H. Countiss	OBG	5,420	.....	1	3	3	225
Touro Infirmary [1-116]	New Orleans	A. Caire E. P. Thomas	OBG	4,181	6,567	2	6	3	35
Confederate Memorial Medical Center [1]	Shreveport, La.	C. R. Mays	OBG	4,989	2,722	3	9	3	60
Baltimore City Hospitals [1-3]	Baltimore, Md.	L. H. Douglass	OB	3,982	702	2	6	3	75
Bon Secours Hospital [3]	Baltimore, Md.	H. B. McNally E. Novak	OBG	3,046	1,488	1	3	3	275
Franklin Square Hospital [1-3]	Baltimore, Md.	I. A. Siegel	OBG	1,213	.....	2	7	2	...
Hospital for Women [1-3]	Baltimore, Md.	J. F. Savage L. Brady	OBG	4,734	10,270	6	10	3	...
Johns Hopkins Hospital [1-3-133]	Baltimore, Md.	N. J. Eastman R. W. TeLinde	OBG	6,306	31,822	..	12	3	...
Lutheran Hospital [1-3]	Baltimore, Md.	W. N. Lowe, Jr. W. K. Diehl	OBG	3,588	3,098	2	6	3	...
Maryland General Hospital [1-3-128]	Baltimore, Md.	D. McC. Dixon J. D. Woodruff J. J. Erwin	OBG	2,239	787	3	6	2	100
Mercy Hospital [1-3]	Baltimore, Md.	T. K. Galvin	OBG	3,548	4,791	2	4	3	250
Provident Hospital and Free Dispensary [1-3]	Baltimore, Md.	W. B. Butler	OB	1,437	884	3	3	1	...
St. Agnes Hospital [1-3]	Baltimore, Md.	H. B. McNally E. Novak	OBG	2,243	886	2	4	2	125
St. Joseph's Hospital [1-3]	Baltimore, Md.	H. B. McNally T. K. Galvin	OBG	1,921	3,886	2	4	3	200
Sinai Hospital [1-3]	Baltimore, Md.	I. A. Siegel A. A. Sondheimer	OBG	5,024	11,552	2	8	3	85
South Baltimore General Hospital [1-3]	Baltimore, Md.	J. K. B. E. Seegar	OB	1,286	3,228	2	3	2	...
Union Memorial Hospital [1-3-129]	Baltimore, Md.	J. M. Haws	OB	2,051	4,332	2	3	2	65
University Hospital [1-3-130]	Baltimore, Md.	L. H. Douglass J. M. Hundley	OBG	4,031	19,537	4	14	3	50
Beth Israel Hospital [1-3]	Boston	H. H. Rosenfield	OBG	2,423	3,880	2	3	2	41.82
Boston City Hospital [1-3]	Boston	B. Tenney, Jr.	OBG	5,141	18,726	4	11	3	112
Boston Lying-In Hospital [1-3-141]	Boston	D. E. Reid	OB	7,622	19,731	6	12	3	50
Carney Hospital [1-3-113]	Boston	L. E. Phaneuf	OBG	871	996	1	3	3	125
Massachusetts Memorial Hospitals [1-3]	Boston	B. Tenney, Jr.	OBG	2,618	2,350	1	5	3	50
New England Hospital [1-3]	Boston	I. S. Money	OB	1,913	4,969	2	4	2	...
St. Elizabeth's Hospital [1-3]	Boston	W. McDonald	OB	4,221	2,188	1	2	2	125
St. Margaret's Hospital [1-3]	Boston	D. J. McSweeney	OBG	2,441	1,000	2	3	2	125
Booth Memorial Hospital [1-3]	Brookline, Mass.	H. Finkel	OB	621	2,159	2	2	1	200
Free Hospital for Women [1-3-133]	Brookline, Mass.	G. Van S. Smith	GYN	2,925	12,154	4	12	3 *	50

Numerical and other references will be found on pages 373 and 374.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Offered s	Total Residencies Offered s	Length of Approved Program (Years)	Beginning Stipend (Month)
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. J. Lynch	OBG	2,150	3,522	1	3	3	125
St. Anne's Hospital [3]	Fall River, Mass.	E. F. Shay	OBG	1,650	320	1	1	1	150
Quincy City Hospital [1-3]	Quincy, Mass.	E. L. Carey	OBG	2,956	800	1	2	1	150
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	H. H. Cummings	OBG	2,100	.....	2	4	3	200
University Hospital [1-3]	Ann Arbor, Mich.	N. F. Miller	OBG	3,141	14,545	3	12	3	134.16
City of Detroit Receiving Hospital [1-3-149]	Detroit	C. S. Stevenson	GYN	898	6,739	1	5	3	254
Detroit Memorial Hospital [1-3]	Detroit	R. B. Edmondson	OBG	2,681	363	1	2	3	225
Evangelical Deaconess Hospital [1-3]	Detroit	L. Braun	OBG	2,485	350	1	3	1	200
Florence Crittenton Hospital [1]	Detroit	H. A. Pearse	OBG	3,994	4,169	2	6	3	225
Grace Hospital [1-3]	Detroit	O. W. Pickard	OBG	9,485	.....	3	14	3	225
Harper Hospital [1-3]	Detroit	A. E. Catherwood	OBG	5,626	3,339	2	6	3	225
Henry Ford Hospital [1-3]	Detroit	C. P. Hodgkinson	OBG	3,927	31,416	2	6	3	225
Herman Kiefer Hospital [1-3]	Detroit	C. S. Stevenson	OB	5,372	16,444	5	5	2	254
Mount Carmel Mercy Hospital [1]	Detroit	C. N. Swanson	OBG	8,337	251	3	7	3	225
Providence Hospital [1-3]	Detroit	H. Henderson	OBG	5,383	2,181	1	3	3	250
St. Joseph Mercy Hospital [1]	Detroit	R. Kennedy	OBG	3,391	1,011	1	3	2	225
Woman's Hospital [1-3]	Detroit	R. B. Kennedy							
		H. M. Nelson	OBG	6,644	1,991	2	7	3	250
Hurley Hospital [1]	Flint, Mich.	I. H. Gutow	OBG	3,787	.....	1	3	2	300
Blodgett Memorial Hospital [1-3-152]	Grand Rapids, Mich.	D. M. Schultema	OBG	2,488	765	1	2	2	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	L. C. Bosch	OBG	4,741	1,106	2	6	3	225
St. Mary's Hospital [1]	Grand Rapids, Mich.	J. H. Beaton	OBG	4,161	162	2	2	1	200
Pontiac General Hospital [1-3-155]	Pontiac, Mich.	H. A. Furlong	OBG	3,930	.....	1	3	3	225
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	R. Adair	OB	4,056	.....	1	3	1	300
Saginaw General Hospital [1-3]	Saginaw, Mich.	C. E. Toshach	OBG	2,500	1,197	1	3	3	329
Maternity Hospital [3]	Minneapolis	A. Arnoli	OB	1,564	3,808	3	3	1	210
Minneapolis General Hospital [1-3]	Minneapolis	W. P. Sadler	OBG	1,117	6,233	1	3	3	169
Northwestern Hospital [1-3]	Minneapolis	J. Hauzen	OBG	3,462	.....	1	2	2	200
St. Barnabas Hospital [1-3]	Minneapolis	M. T. Mitchell	OBG	3,062	.....	2	2	2	175
St. Mary's Hospital [1-3]	Minneapolis	L. Rantz	OBG	5,160	.....	2	3	2	200
University of Minnesota Hospitals [1-3]	Minneapolis	J. L. McKelvey	OBG	1,195	4,769	2	7	3	150
Mayo Foundation [1-3]	Rochester, Minn.	L. M. Randall	OBG	4,375	14,860	5	15	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	E. M. Kasper	OBG	1,028	4,674	1	2	3	150
Charles T. Miller Hospital [1-3-156]	St. Paul, Minn.	R. S. Countryman							
		A. F. Hayes	OBG	2,996	2,872	1	2	3	150
St. Louis County Hospital [1-3]	Clayton, Mo.	L. Dorsett	OBG	925	6,806	1	2	3	225
Kansas City General Hospital No. 1	Kansas City, Mo.	J. G. Webster	OBG	1,728	3,434	1	4	3	75
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	H. L. Gainey	OBG	1,308	4,230	2	6	3	75
St. Joseph Hospital [3]	Kansas City, Mo.	A. B. Sinclair	OBG	4,071	360	1	4	2	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	J. M. Singleton	OBG	3,528	.....	2	4	3	175
Barnes Hospital [1-3]	St. Louis	W. Allen	OBG	6,130	23,116	4	8	3	50
De Paul Hospital [1-3]	St. Louis	R. V. Boedeker	OBG	3,385	376	1	2	2	185
Homer G. Phillips Hospital [1-3-167]	St. Louis	K. C. Morrin	OBG	5,224	10,660	3	9	3	215
Jewish Hospital [1-3-165]	St. Louis	H. Wasserman	OBG	2,661	1,750	..	3	2	100
Missouri Baptist Hospital [1-3]	St. Louis	J. B. O'Neill	OBG	2,204	.....	1	2	1	...
St. John's Hospital [1-3]	St. Louis	M. W. Weis	OB	2,741	1,263	1	1	1	150
St. Louis City Hospital [1-3]	St. Louis	R. J. Crossen							
		H. R. Smith	OBG	2,603	7,546	4	10	3	137.75
St. Luke's Hospital [1-3]	St. Louis	G. J. L. Wuff, Jr.	OBG	1,769	1,134	..	..	3	...
St. Mary's Group of Hospitals [1-3]	St. Louis	J. A. Hardy, Jr.	OBG	7,666	12,341	5	11	3	65
Lincoln General Hospital [1-3]	Lincoln, Neb.	H. E. Harvey	OBG	1,540	.....	1	1	1	200
St. Elizabeth Hospital [1-3]	Lincoln, Neb.	S. T. Thiersein	OBG	1,692	.....	1	1	1	2.40
Bishop Clarkson Memorial Hospital	Omaha	F. E. Hamm	OBG	1,291	.....	..	..	1	175
Creighton Memorial—St. Joseph's Hospital [1]	Omaha	M. E. Grier	OBG	3,998	4,887	2	4	3	150
University of Nebraska Hospital [1-3-170]	Omaha	L. S. McGoogan	OBG	1,143	4,499	2	5	3	175
Immanuel Hospital	Omaha	.....	OBG	.....	.....	..	..	1	...
Cooper Hospital [1-3]	Camden, N. J.	G. B. Germain							
		H. P. Shipps	OBG	4,878	11,958	1	4	3	200
Medical Center—Jersey City Hospital [1-3-174]	Jersey City, N. J.	E. N. Bookrajian	GYN	882	4,672	2	5	3	66.75
Margaret Hague Maternity Hospital [1-3-173]	Jersey City, N. J.	S. A. Cosgrove	OB	10,678	19,467	5	20	3	66.66
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	R. A. MacKenzie	OB	1,668	1,087	2	2	2	200
Newark Beth Israel Hospital [1-3]	Newark, N. J.	C. Glass	OBG	5,117	3,378	1	2	2	75
St. Michael's Hospital [1-3]	Newark, N. J.	G. W. Hayes	OB	2,920	1,006	..	2	2	...
Paterson General Hospital [1-3]	Paterson, N. J.	L. E. Thron	OB	2,997	1,510	1	1	1	100
Holy Name Hospital [3]	Teaneck, N. J.	J. Prather	OBG	2,619	437	1	1	2	125
Albany Hospital [1-3]	Albany, N. Y.	T. O. Gamble							
		A. J. Wallingford	OBG	4,418	2,398	2	3	2	135
Anthony N. Brady Maternity Home [1-3]	Albany, N. Y.	J. G. Hayes	OB	3,184	2,935	..	3	2	200
Beth-El Hospital [1-3]	Brooklyn, N. Y.	W. Levine	OBG	4,536	6,215	6	12	3	100
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	J. T. Wallace	OBG	2,873	5,391	1	4	3	100
Brooklyn Women's Hospital [1-3]	Brooklyn, N. Y.	T. Tofkins	OBG	3,136	2,476	2	2	1	125
Coney Island Hospital [1-3]	Brooklyn, N. Y.	M. G. Derbrucke	OBG	1,379	3,818	1	2	2	98.30
Cumberland Hospital [1-3]	Brooklyn, N. Y.	S. Lubin	OBG	2,622	12,384	4	7	3	99
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	W. C. Meacher	OBG	2,387	14,636	2	6	2	...
Jewish Hospital [1-3]	Brooklyn, N. Y.	C. Birnberg							
		S. Krausbar	OBG	7,431	8,705	2	8	3	75
Kings County Hospital	Brooklyn, N. Y.								
County Service [1-3]	Brooklyn, N. Y.								
University Service [1-3]	Brooklyn, N. Y.								
Long Island College Hospital [1-3]	Brooklyn, N. Y.	L. M. Hellman	OBG	10,014	29,329	8	20	3	98
Maimonides Hospital [1-3]	Brooklyn, N. Y.	B. Rabbiner	OBG	4,218	4,105	2	6	3	35
Methodist Hospital [1-3]	Brooklyn, N. Y.	S. C. Hall							
		H. S. Acken	OBG	3,938	10,477	2	8	3	...
Norwegian Lutheran Deaconesses' Home and Hosp. [1-3]	Brooklyn, N. Y.	B. A. Harris	OBG	2,731	4,838	..	6	3	100
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	C. A. Gordon	OBG	2,215	2,220	2	4	2	125
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	C. W. Mueller	OBG	1,250	5,907	1	3	3	115
St. Mary's Hospital [1-3]	Brooklyn, N. Y.	C. H. Loughran	OBG	2,481	5,849	1	3	3	175
Unity Hospital [1-3]	Brooklyn, N. Y.	S. L. Siegler	OBG	3,309	1,670	3	3	2	100
Wyckoff Heights Hospital [1-3]	Brooklyn, N. Y.	F. W. Betschine	OBG	2,066	1,532	1	3	1	100
Buffalo General Hospital [1-3-159]	Buffalo, N. Y.	C. L. Randall	OBG	3,150	3,978	..	6	3	125
Children's Hospital [1-3]	Buffalo, N. Y.	C. L. Randall	OB	2,790	.....	..	1	2	75
Deaconess Hospital [1-3]	Buffalo, N. Y.	W. H. Burwig	OBG	3,165	76	2	2	1	175
Edward J. Meyer Memorial Hospital [1-159]	Buffalo, N. Y.	E. G. Winkler	OBG	1,969	8,923	2	6	3	179
Millard Fillmore Hospital [1-3]	Buffalo, N. Y.	L. F. McLean	OBG	6,365	654	2	6	3	255
Sisters of Charity Hospital [1-3-192-193]	Buffalo, N. Y.	E. G. Winkler	OBG	5,516	3,954	2	8	3	210
Flushing Hospital and Dispensary [1-3-200]	Flushing, N. Y.	F. Carpenter	OBG	5,274	4,116	2	6	3	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	E. F. Miller	OBG	1,267	2,451	1	1	2	225
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	J. P. McManus	OB	2,533	2,008	1	1	1	110
Queens General Hospital [1-3]	Jamaica, N. Y.	F. Carpenter	OBG	2,725	9,068	1	3	3	98.33

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [5]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	G. Cheatham	OBG	2,011	.....	1	2	2	175
Nassau Hospital [1-3]	Mineola, N. Y.	A. F. Wright	OB	3,770	.....	2	2	1	...
Mt. Vernon Hospital [3]	Mt. Vernon, N. Y.	N. M. Weinrod	OB	1,691	921	1	1	1	175
Bellevue Hospital Center									
Div. III—N. Y. University College of Medicine [1-3]	New York City	W. Studdiford	OBG	4,978	29,750	3	9	3	98
Beth David Hospital [1-3]	New York City	M. F. Goldberger	OBG	1,691	1,829	1	2	2	125
Beth Israel Hospital [1-3]	New York City	H. C. Falk	OBG	3,839	5,019	2	7	2	75
Bronx Hospital [1-3]	New York City	A. C. Posner							
		A. J. Fleischer	OBG	3,893	6,898	2	6	1	50
Flower and Fifth Avenue Hospitals [1-3]	New York City	C. E. Folsome	OBG	3,911	2,752	1	3	3	...
Fordham Hospital [1-3]	New York City	M. L. Brandt	OBG	1,926	8,647	2	4	2	98.33
Francis Delafield Hospital [1-3]	New York City	H. C. Taylor	GYN	187	483	..	4	1	98
French Hospital [1-3]	New York City	C. E. Heaton							
		H. C. Falk	OBG	1,917	4,195	2	4	2	83.33
Harlem Hospital [1-3]	New York City	A. C. Posner							
		M. L. Bobrow	OBG	7,219	.....	2	6	3	98.32
Hospital for Joint Diseases [1-3]	New York City	E. L. Hecht	GYN	307	2,685	1	1	1	70
Jewish Memorial Hospital [1-3]	New York City	M. Brandt	OBG	2,526	2,413	1	1	1	150
Lenox Hill Hospital [1-3]	New York City	J. Kilroe							
		L. O'Donnell	OBG	3,407	7,034	1	3	3	180
Lincoln Hospital [1-3]	New York City	W. H. Godsick	OBG	4,147	21,520	3	9	3	65
Metropolitan Hospital [1-3]	New York City	C. E. Folsome	OBG	4,120	19,216	4	6	3	98
Misericordia Hospital	New York City	J. A. Kelly	OB	1,339	.....	..	..	2	...
Morrisania City Hospital [1-3]	New York City	M. Goodfriend	OBG	3,226	15,331	1	4	2	98
Mt. Sinai Hospital [1-3]	New York City	A. Guttmacher	OBG	1,599	4,585	8	14	3	50
New York City Hospital [1-3]	New York City	E. F. Smith							
		A. V. Rietl	OBG	2,728	14,230	2	10	3	150
New York Hospital [1-3]	New York City	R. G. Douglas	OBG	7,188	38,842	6	20	3	12.50
New York Infirmary [1-3]	New York City	C. Mendez	OB	1,118	2,132	1	2	2	100
New York Polyclinic Medical School and Hospital [1-3]	New York City	E. H. Dennen							
		D. N. Barrows	OBG	2,633	4,984	2	4	2	...
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)							
University Hospital [1-3]	New York City	L. L. Mackenzie	GYN	781	8,028	2	4	2	80
Presbyterian Hospital (Sloan Hospital for Women) [1-3]	New York City	H. C. Taylor, Jr.	OBG	6,994	40,704	6	21	3	208.33
Roosevelt Hospital [1-3]	New York City	T. C. Peightal	GYN	935	3,543	1	3	2	170
St. Clare's Hospital [1]	New York City	M. J. Jordan	OBG	2,105	4,336	2	6	3	50
St. Francis Hospital [1]	New York City	J. S. Labate	OBG	2,442	6,086	1	3	3	125
St. Vincent's Hospital [1-3]	New York City	T. Lavell	OBG	3,435	8,994	1	4	3	50
Sydenham Hospital [1-3]	New York City	P. Murray	OBG	2,536	4,616	1	3	3	98
Woman's Hospital [1-3]	New York City	A. H. Aldridge	OBG	6,513	29,291	..	..	3	25
United Hospital [1-3]	Port Chester, N. Y.	J. Hawthorne	OB	1,713	682	1	1	1	200
Genesee Hospital [1-3]	Rochester, N. Y.	S. R. Snow, Jr.	OBG	2,602	1,874	1	4	3	75
Highland Hospital [1-3]	Rochester, N. Y.	F. Funnia	OB	2,078	503	1	1	2	100
Rochester General Hospital [1-3]	Rochester, N. Y.	E. R. Dugeau	OB	2,817	1,766	1	3	3	100
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	C. J. Lund	OBG	3,709	4,736	3	7	3	41.66
Ellis Hospital [1]	Schenectady, N. Y.	W. Mallia							
		J. Cornell	OBG	3,054	639	3	3	2	...
General Hospital [1]	Syracuse, N. Y.	R. Pieri	OBG	2,453	1,892	1	3	2	191.66
St. Joseph's Hospital [1]	Syracuse, N. Y.	L. Fournier	OBG	3,103	2,253	2	2	1	190
State University of New York Medical Center [2,3]	Syracuse, N. Y.	.....	.....	.....	.....	...	...	...	...
North Carolina Memorial Hospital	Chapel Hill, N. C.	R. A. Ross	OBG	491	4,618	2	5	3	146
Charlotte Memorial Hospital	Charlotte, N. C.	J. A. Crowell	OBG	2,836	1,915	1	3	2	150
Duke Hospital [1-3]	Durham, N. C.	B. Carter	OBG	3,167	17,215	4	10	3	41.33
Watts Hospital [1]	Durham, N. C.	B. Easley	OB	1,561	962	..	1	1	150
Rex Hospital [1-3]	Raleigh, N. C.	R. J. Ruark	OBG	3,184	1,963	..	2	2	200
St. Agnes Hospital [1-3]	Raleigh, N. C.	R. J. Ruark	OBG	907	1,284	1	3	1	200
City Memorial Hospital [1-3]	Winston-Salem, N. C.	R. L. Wall, Jr.	OBG	3,253	2,203	..	1	1	200
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	F. R. Lock	OBG	2,579	4,454	2	4	3	41.66
St. Luke's Hospital	Fargo, N. D.	G. W. Hunter	OBG	1,807	.....	1	1	1	200
City Hospital [1-3]	Akron, Ohio	A. Weil	OBG	6,791	661	3	6	3	250
Peoples Hospital [1-3-15]	Akron, Ohio	L. DaSef	OBG	4,573	1,030	3	5	3	250
St. Thomas Hospital [1-3]	Akron, Ohio	E. F. Hellwig	OBG	2,921	1,366	2	8	2	250
Aultman Hospital [1-3]	Canton, Ohio	I. I. Kesk	OBG	4,376	31	4	5	2	225
Mercy Hospital [1-3]	Canton, Ohio	R. K. Ramsayer	OBG	3,184	91	1	3	2	200
Bethesda Hospital [1-3]	Cincinnati	R. Bryant	OBG	4,242	1,720	2	5	3	200
Cincinnati General Hospital	Cincinnati	S. T. Garber							
		L. Bossert	OB	4,569	11,382	2	8	3	...
City Hospital [1-3]	Cleveland	A. E. Bennett	OBG	2,879	16,219	...	...	...	90
Fairview Park Hospital [1-3]	Cleveland	E. D. Saunders	OB	2,524	293	2	2	1	120
Lutheran Hospital [1-3]	Cleveland	R. S. Dial	OB	1,966	.....	1	2	2	162.50
Mount Sinai Hospital [1-3]	Cleveland	L. H. Biskind	OBG	4,643	6,673	2	8	3	...
St. Ann's Maternity Hospital [1-3]	Cleveland	M. B. Laven	OB	2,554	917	3	3	1	300
St. John's Hospital [1-3]	Cleveland	J. V. Helmann							
		J. E. Morgan	OBG	3,130	46	2	5	2	...
St. Luke's Hospital [1-3]	Cleveland	G. B. Hurd	OBG	4,880	4,718	1	4	3	120
University Hospitals [1-3]	Cleveland	R. B. Scott	OBG	7,180	24,101	6	21	3	25
Mount Carmel Hospital [1]	Columbus, Ohio	M. F. Daly	OB	3,455	892	1	3	2	250
St. Ann's Maternity Hospital [1]	Columbus, Ohio	Z. J. R. Hollenbeck	OBG	3,564	678	1	3	2	200
University Hospitals									
University Hospital [1-3]	Columbus, Ohio	A. C. Barnes	OBG	4,450	41,819	3	10	3	150
White Cross Hospital [1-3]	Columbus, Ohio	W. M. Silbernagel	OBG	3,506	.....	1	2	2	375
Good Samaritan Hospital [1-3]	Dayton, Ohio	H. E. McKnight	OBG	6,334	759	2	4	2	250
Miami Valley Hospital [1-3]	Dayton, Ohio	E. E. Pinnell	OB	4,857	1,117	..	1	1	210
Huron Road Hospital [1-3]	East Cleveland, Ohio	J. J. Woodworth	OBG	4,543	186	2	5	3	210
Marymount Hospital [1-3]	Garfield Hgts., Ohio	A. H. Dindia	OBG	1,841	.....	2	2	1	300
Lakewood Hospital [1-3]	Lakewood, Ohio	B. Wylie	OBG	2,629	29	2	2	2	150
St. Rita's Hospital [1-3]	Lima, Ohio	V. A. Noble	OB	2,075	31	1	2	2	175
Maumee Valley Hospital [1-3]	Toledo, Ohio	S. D. Zuker	OB	482	271	1	1	1	210
Mercy Hospital [1-3]	Toledo, Ohio	R. C. King	OBG	3,883	1,285	1	3	2	200
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. W. Diethelm	OBG	3,832	.....	2	4	3	225
Toledo Hospital [1-3]	Toledo, Ohio	O. E. Todd	OBG	3,987	208	2	4	3	200
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	J. J. McDonough	OBG	4,752	507	1	3	2	200
St. Anthony Hospital	Oklahoma City, Okla.	G. Rogers	OBG	5,197	4,206	1	3	3	150
University Hospitals [1-3]	Oklahoma City, Okla.	J. B. Eskridge							
		J. W. Kelso	OBG	2,407	11,260	1	3	3	50
Wesley Hospital [1-2-15]	Oklahoma City, Okla.	J. W. Records	OBG	3,192	6,123	1	2	2	150
St. John's Hospital [1]	Tulsa, Okla.	W. C. Lindstrom	OBG	3,406	.....	1	1	2	150
Emanuel Hospital [1-3]	Portland, Ore.	R. Greene	OBG	7,738	.....	2	6	3	100
St. Vincent's Hospital [1]	Portland, Ore.	M. S. Sichel	OB	2,573	128	1	1	1	165

Numerical and other references will be found on pages 373 and 374.

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	H. C. Stearns	OBG	1,417	7,172	1	3	3	85
Abington Memorial Hospital [1-3]	Abington, Pa.	R. D. Porter C. M. Turman	OBG	3,274	3,076	1	3	3	100
Allentown Hospital [1-3]	Allentown, Pa.	F. C. Shaeffer	OBG	3,927	269	2	2	2	225
St. Luke's Hospital [1-3]	Bethlehem, Pa.	T. E. Schadt	OBG	2,954	376	3	3	2	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	J. L. Richards	OBG	3,634	1,611	1	1	1	100
George F. Geisinger Memorial Hospital and Clinic [1-3]	Danville, Pa.	R. E. Nicodemus	OB	1,502	10,631	2	2	1	100
Fitzgerald Mercy Hospital [1-3]	Darby, Pa.	J. V. Missett	OBG	3,691	2,059	2	2	1	200
Harrisburg Hospital [1-3]	Harrisburg, Pa.	W. P. Dalley	OBG	3,717	3,927	1	3	2	200
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	G. Weinstein	GYN	2,084	623	1	2	2	100
Southern Division [1-3]	Philadelphia	A. First C. Wachs	OBG	2,582	4,056	2	2	2	75
Episcopal Hospital [1]	Philadelphia	J. H. Dugger	OBG	2,715	4,753	1	3	3	100
Frankford Hospital [1-3]	Philadelphia	G. C. Hanna, Jr.	OBG	2,922	1,735	1	2	2	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	Z. B. Newton	OBG	2,619	3,455	1	3	2	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. A. Kimbrough	GYN	789	1,994	1	2	3	150
Hahnemann Medical College and Hospital [1-3]	Philadelphia	N. F. Paxson B. C. McFadyen	OBG	4,042	10,006	3	8	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	C. Bachman F. L. Payne	OBG	5,112	12,425	0	12	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	A. G. Taylor M. DeW. Pettit	OBG	2,346	6,382	2	4	3	60
Jefferson Medical College Hospital [1-3]	Philadelphia	L. C. Scheffey T. L. Montgomery	OBG	4,999	15,737	..	..	3	25
Lankenau Hospital [1-3]	Philadelphia	R. B. Wilson	OB	1,116	3,164	..	1	2	100
Mercy-Douglass Hospital	Philadelphia	H. O. Dickens	OBG	955	.....	2	2	2	150
Methodist Episcopal Hospital [1-3]	Philadelphia	R. W. Mohler	OBG	1,570	2,188	1	2	2	200
Pennsylvania Hospital [1-3]	Philadelphia	R. A. Kimbrough Jr.	OBG	4,937	14,969	..	7	3	20
Philadelphia General Hospital [1-3]	Philadelphia	T. L. Montgomery	OBG	6,385	19,167	2	5	3	112.34
Temple University Hospital [1-3]	Philadelphia	J. R. Willson	OBG	4,575	15,108	4	12	3	50
Woman's Hospital [1-3]	Philadelphia	A. G. Taylor H. Anteluci	OBG	2,521	5,924	2	4	3	175
Mercy Hospital [1-3]	Pittsburgh	R. A. Gillis R. J. Frodey	OBG	3,391	863	1	2	2	150
Montefiore Hospital [1-3]	Pittsburgh	H. M. Cohen	OB	1,745	2,122	1	1	1	100
Pittsburgh Hospital [1-3]	Pittsburgh	E. A. Conti	OBG	2,489	718	1	1	2	200
Pittsburgh Medical Center [1-3-203]	Pittsburgh	H. A. Power J. H. Carroll	OBG	9,235	7,840	4	12	3	50
St. Francis Hospital [1-3]	Pittsburgh	J. A. Hepp	OBG	2,789	1,236	1	3	3	150
St. Margaret Memorial Hospital [1]	Pittsburgh	R. E. Tafel	OBG	1,284	657	1	1	2	175
South Side Hospital [1-3]	Pittsburgh	J. A. New J. Hodgkiss	OBG	2,274	754	1	2	1	250
Wilkes-Barre General Hospital [1]	Wilkes-Barre, Pa.	J. J. Kocyan	OB	1,924	681	1	1	1	225
Providence Lying-In Hospital [1]	Providence, R. I.	A. L. Potter	OB	8,491	10,951	2	2	1	110
Rhode Island Hospital [1-3]	Providence, R. I.	G. W. Waterman	GYN	1,426	2,572	1	2	2	60
Roper Hospital [1-3]	Charleston, S. C.	L. A. Wilson	OBG	3,299	9,086	2	4	3	83
Columbia Hospital [1-3]	Columbia, S. C.	F. B. C. Geibel	OBG	3,226	.....	1	2	2	150
Greenville General Hospital [1-3]	Greenville, S. C.	H. M. Allison R. M. Dacus	OBG	3,894	2,759	1	2	3	125
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	H. Schwartz	OB	4,597	4,388	2	2	1	125
Memorial Hospital	Chattanooga, Tenn.	C. L. Suggs	OBG	1,679	38	1	1	1	250
Knoxville General Hospital [1]	Knoxville, Tenn.	H. H. Jenkins	OBG	1,668	1,729	1	1	1	125
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	F. Taylor	OBG	5,479	740	1	3	2	100
City of Memphis Hospitals [1-3]	Memphis, Tenn.	F. E. Whitacre	OBG	8,343	.....	4	10	3	35
Methodist Hospital	Memphis, Tenn.	C. Brindle	OB	4,038	.....	1	1	2	100
St. Joseph Hospital [1-3-204]	Memphis, Tenn.	J. J. Redmon	OBG	3,704	991	1	3	3	...
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	W. F. B. James	OB	1,208	4,124	3	4	2	150
Mid State Baptist Hospital [1-3]	Nashville, Tenn.	S. Bayer	OBG	823	2,184	1	3	2	150
Nashville General Hospital [1-3]	Nashville, Tenn.	J. C. Burch	OBG	2,248	8,685	2	5	2	50
St. Thomas Hospital [1-3]	Nashville, Tenn.	M. S. Lewis	OB	2,138	.....	1	3	2	200
Vanderbilt University Hospital [1-3-207]	Nashville, Tenn.	J. C. Burch	OBG	2,767	8,695	4	8	3	50
Brackenridge Hospital	Austin, Texas	E. K. Blewett	OBG	2,185	3,688	..	1	1	250
Baylor University Hospital [1-3]	Dallas, Texas	W. K. Strother	OBG	10,337	4,359	3	7	3	75
Methodist Hospital [1-3-271]	Dallas, Texas	P. D. Wolf	OBG	4,922	1,700	2	4	3	125
Parkland Hospital [1-3]	Dallas, Texas	W. F. Mengert	OBG	3,572	8,303	4	8	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	W. F. Guerriero	OBG	5,056	6,271	2	5	3	100
Hotel Dieu Sister's Hospital [1-3]	El Paso, Texas	E. G. Bernell	OBG	1,647	9,339	2	2	2	150
Harris Hospital [1-3]	Fort Worth, Texas	R. L. Grogan	OBG	6,793	1,619	1	3	1	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	W. R. Cooke	OBG	1,976	12,934	3	9	3	...
Hermann Hospital [1-3]	Houston, Texas	T. G. Gready A. M. Faris	OBG	8,047	12,526	3	7	3	100
Jefferson Davis Hospital [1]	Houston, Texas	H. W. Johnson	OBG	5,031	32,980	4	8	3	50
M. D. Anderson Hospital [1-3-273-277]	Houston, Texas	J. A. Wall	GYN	461	4,354	..	2	1	150
Methodist Hospital [1-3]	Houston, Texas	D. Wachsman J. Wall	OBG	2,356	4,006	2	3	2	100
St. Joseph's Infirmary [1-279]	Houston, Texas	R. A. Johnston	OBG	8,013	3,637	2	5	3	150
Baptist Memorial Hospital [1-3]	San Antonio, Texas	H. C. Sweet	OBG	4,755	2,673	1	3	3	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	G. G. Passmore	OBG	2,100	7,152	1	3	3	125
Thomas D. Dee Memorial Hospital [1-3-282]	Ogden, Utah	V. L. Ward	OBG	3,058	500	2	6	2	250
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	M. S. Sanders	OBG	7,338	231	2	4	2	160
Holy Cross Hospital [1-3-283]	Salt Lake City	L. Smith	OBG	3,266	.....	2	4	3	175
Salt Lake County General Hospital [1-3]	Salt Lake City	E. G. Holstrom	OBG	1,038	2,304	..	3	2	...
Bishop DeGoesbriand Hospital [1-3-287]	Burlington, Vt.	W. J. Slavin	OBG	1,011	111	1	1	1	50
Mary Fletcher Hospital [1-3-210-285]	Burlington, Vt.	J. V. S. Maeck	OBG	1,516	1,448	..	2	2	50
Alexandria Hospital [1-3]	Alexandria, Va.	H. Picot	OB	2,852	2,109	2	2	1	200
Arlington Hospital [1-3]	Arlington, Va.	J. B. Jacobs	OB	2,021	123	1	1	1	150
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. N. Thornton	OBG	3,177	9,774	2	8	3	50
Riverside Hospital [1-3]	Newport News, Va.	W. R. Payne	OBG	2,843	.....	2	2	1	225
De Paul Hospital [1-3]	Norfolk, Va.	J. R. Kight	OBG	3,327	1,576	2	4	3	225
Norfolk General Hospital [1-3]	Norfolk, Va.	R. B. Nicholls	OBG	2,194	876	2	3	2	125
Johnston-Willis Hospital [1-3]	Richmond, Va.	E. Rucker	OB	1,714	4,209	1	1	1	225
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	H. Ware, Jr.	OB	7,999	17,372	6	11	3	50
Doctors Hospital [3]	Seattle, Wash.	.....	OBG	.....	.....	..	..	1	...
King County Hospital, Unit No. 1 (Harborview)	Seattle, Wash.	R. R. deAlvarez	OBG	1,485	5,793	1	3	3	110
Swedish Hospital [1-3]	Seattle, Wash.	R. H. Stewart	OBG	16,745	.....	2	3	2	100
Virginia Mason Hospital [1-3]	Seattle, Wash.	R. N. Rutherford	OB	2,093	.....	1	1	1	100

Numerical and other references will be found on pages 373 and 374.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
St. Luke's Hospital [1-3-205]	Spokane, Wash.	M. Heitman	OBG	1,613	.....	1	1	1	150
Memorial Hospital [1-3]	Charleston, W. Va.	J. L. Crites	OBG	1,991	310	1	1	1	240
St. Mary's Hospital [1-3]	Huntington, W. Va.	E. J. Humphrey	OB	2,082	896	1	1	1	175
University Hospitals [1-3]	Madison, Wis.	J. W. Harris	OBG	875	6,690	2	4	3	50
Columbia Hospital [1-3]	Milwaukee	F. J. Stoddard	OB	1,457	.....	1	1	1	125
Milwaukee County Hospital [1-3-208]	Milwaukee	R. S. Cron	OBG	2,016	4,887	2	4	3	208.92
Milwaukee Hospital [1-3]	Milwaukee	F. J. Hofmeister	OBG	3,318	900	2	4	3	150
Mount Sinai Hospital [1-3]	Milwaukee	B. E. Urdan	OBG	3,655	319	1	2	2	300
St. Joseph's Hospital [1-3]	Milwaukee	G. S. Kilkenny	OBG	6,280	.....	2	4	3	200
St. Luke's Hospital [1-3]	Milwaukee	A. Watts	OBG	2,755	218	1	2	2	275
St. Mary's Hospital [1-3-209]	Milwaukee	J. D. Owen	.....	.....	.....	..	..	..	...
		D. Werner	OBG	3,041	.....	..	3	2	175
Gorgas Hospital [3]	Ancon, C. Z.	I. J. Strumpf	OBG	831	4,899	1	3	1	282.55
Kapiolani Maternity and Gynecological Hospital [1-3]	Honolulu, T. H.	C. C. McCorriston							
		L. Bachman	OBG	4,841	3,138	1	4	2	100
Queen's Hospital [1-3]	Honolulu, T. H.	R. Sakimoto	OBG	3,388	3,182	2	4	2	135
St. Francis Hospital [1-3]	Honolulu, T. H.	K. S. Tom	OBG	2,134	1,129	1	2	1	100
San Juan City Hospital [1-3]	San Juan, P. R.	M. F. Fuster	OBG	5,287	16,602	2	5	3	150

13. OCCUPATIONAL MEDICINE

The following service is approved by the Council on Medical Education and Hospitals.
Hospitals, 1; Assistant Residencies and Residencies, 2

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. D. Mudd	273	225,596	..	..	1	2	2	320

14. OPHTHALMOLOGY

The following services have been approved by the Council on Medical Education and Hospitals.
Hospitals, 164; Assistant Residencies and Residencies, 571

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [99]	San Francisco	F. E. Hull	589	13,615	1	3	...
Fitzsimons Army Hospital [1-99]	Denver	B. T. Bowers	2,238	8,718	..	..	...
Army Medical Center [1-99-97]	Washington, D. C.	J. H. Kirr, Jr.	345	29,673	2	6	...
Brooke Army Medical Center [99-280]	San Antonio, Texas	W. T. Sichi	813	13,578	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	Oakland, Calif.	C. O. Riegs	334	5,897	..	2	...
U. S. Naval Hospital	San Diego	S. H. Oliver	467	21,089	..	4	...
U. S. Naval Hospital [1]	Bethesda, Md.	S. J. Ryan	325	.....	..	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	A. C. Hohn	131	3,139	..	1	...
U. S. Naval Hospital [1]	Philadelphia	F. Harbert	246	10,921	..	3	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-3]	New Orleans, La.	J. B. Peebles	150	2,921	1	3	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	W. P. Griffey	198	3,475	1	3	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	E. B. Thomas	345	5,195	..	2	...
U. P. Public Health Service Hospital [1]	Seattle, Wash.	W. A. Miller	180	4,317	1	3	...
FEDERAL SECURITY AGENCY							
Freedmen's Hospital [1-9]	Washington, D. C.	E. Watson	39	2,016	1	1	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	H. G. Dwiggins	106	5	1	1	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	G. C. Struble	211	1,860	2	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	C. S. Mumma	493	4,781	1	3	...
Veterans Admin. Hospital [1]	San Francisco	D. O. Harrington					
		M. Fine	195	1,991	1	3	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	F. P. Calhoun	276	.....	1	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	W. A. Mann	470	318	..	4	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	A. W. McAlester	57	369	1	1	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	W. Schutz	180	555	1	2	...
Veterans Admin. Hospital [1]	New Orleans, La.	J. H. Allen	170	314	..	1	...
Veterans Admin. Hospital [1-3-122]	Fort Howard, Md.	M. E. Randolph	111	102	..	1	...
Veterans Admin. Hospital [1-3-147]	Dearborn, Mich.	A. D. Riedemann	803	1,299	1	1	...
Veterans Admin. Hospital [1-3]	Minneapolis	E. W. Hansen	150	146	..	3	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	H. Rosenbaum	6,592	.....	1	3	...
Veterans Admin. Hospital [1-3-177]	Brooklyn	M. A. Lasky	160	86	1	2	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	A. G. DeVoe	336	1,489	1	3	...
Veterans Admin. Hospital [1-3]	Cleveland	J. E. L. Keyes	294	1,114	1	2	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	M. F. McCaslin	294	.....	1	3	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	W. F. Klotz	...	514	1	2	...
Veterans Admin. Hospital [1-3-270-271]	Dallas, Texas	M. Thomas	104	.....	1	2	...
Veterans Admin. Hospital [1-3]	Houston, Texas	E. L. Goar	172	211	1	1	...
Veterans Admin. Hospital [1]	McKinney, Texas	S. B. Gostin	363	2,200	..	1	...
Veterans Admin. Hospital [1]	Richmond, Va.	E. W. Perkins	244	2,967	1	3	...
Veterans Admin. Hospital [1]	Milwaukee	J. B. Hitz	1,199	2,172	2	2	...

Numerical and other references will be found on pages 373 and 374.

14. OPHTHALMOLOGY—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	A. Callahan	942	9,947	..	3	...
Arkansas Baptist Hospital [1-2-27]	Little Rock, Ark.	R. Cook	460	.....	1	1	225
General Hospital of Fresno County [1-3]	Fresno, Calif.	T. Steinberg	200	6,478	1	2	231
Los Angeles County Hospital [1]	Los Angeles	W. J. Endres	1,637	23,419	..	4	190
Los Angeles Eye and Ear Hospital [1-3]	Los Angeles	O. H. Ellis	645	3,877	1	2	150
White Memorial Hospital [1-3]	Los Angeles	S. Brownsberger	223	7,898	1	2	146.25
San Diego County General Hospital [1-3]	San Diego, Calif.	G. P. Lauren	83	2,712	1	2	150
Franklin Hospital [1-3]	San Francisco	C. A. Dickey	101	11,756	1	1	125
Green's Eye Hospital [1-3]	San Francisco	V. V. Suchan	566	24,818	1	2	100
Stanford University Hospitals [1-3]	San Francisco	A. E. Maumenee	805	8,959	1	3	50
University of California Hospital [1-3]	San Francisco	F. C. Cordes	329	12,210	..	4	87
University of Colorado Medical Center			...	.....	2	4	150
Colorado General Hospital [1-3]	Denver, Colo.	R. W. Danielson	131	7,897	..	..	...
Denver General Hospital [1-3]	Denver, Colo.	G. A. Filmer	80	.....	..	..	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	R. M. Fasanella	435	89	1	2	50
Episcopal Eye, Ear and Throat Hospital [3]	Washington, D. C.	H. R. Downey	1,498	28,647	2	6	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	E. Cummings					
		R. A. Cox	111	4,516	1	2	...
Grady Memorial Hospital [1-3]	Atlanta, Ga.	F. P. Calhoun, Jr.	491	16,189	2	6	20
Chicago Eye, Ear, Nose and Throat Hospital [1-3]	Chicago	A. A. Stonehill	302	22,789	3	3	100
Cook County Hospital [1-3]	Chicago	J. E. Lebensohn	543	15,709	6	6	50
Illinois Eye and Ear Infirmary [1-3]	Chicago	W. F. Hughes, Jr.	1,540	62,027	9	19	60
Mercy Hospital [1-3]	Chicago	L. G. Redman	72	2,105	1	1	100
Michael Reese Hospital [1-3]	Chicago	T. Zektzah	705	5,576	2	3	50
Passavant Memorial Hospital [1-3]	Chicago	D. Vail	571	.....	1	2	50
Presbyterian Hospital [1-3]	Chicago	J. M. Donegan	270	5,455	2	3	125
Provident Hospital [1-3]	Chicago	W. M. Jones	...	.....	1	1	...
St. Joseph Hospital [1-3]	Chicago	J. Donegan	92	319	1	1	75
St. Luke's Hospital [1-3]	Chicago	J. W. Clark	320	2,565	1	2	...
University of Chicago Clinics [1-3]	Chicago	A. C. Krause	136	10,706	3	6	175
University of Illinois							
Research and Educational Hospitals [1-3-80-93]	Chicago	W. F. Hughes, Jr.	83	7,785	..	2	60
Wesley Memorial Hospital [1-3]	Chicago	W. A. Mann	313	7,647	1	2	50
Woodlawn Hospital [1-3]	Chicago	F. M. Whitsell	327	5,243	1	1	150
Evanston Hospital [1-3]	Evanston, Ill.	G. R. Soper	134	1,038	1	1	50
Indianapolis General Hospital [1-102-103]	Indianapolis, Ind.	E. Dyar	190	6,707	1	2	150
Indiana University Medical Center [1-103]	Indianapolis, Ind.	F. Wilson	192	3,772	2	5	150
University Hospitals [1-3]	Iowa City, Iowa	A. E. Graley	1,334	3,338	2	6	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. Lemoine, Jr.	501	4,902	2	3	125
Louisville General Hospital [1-3]	Louisville, Ky.	C. D. Townes	159	6,474	1	2	100
Charity Hospital of Louisiana							
Independent Unit [1-3]	New Orleans	J. H. Larose					
		A. Filia	861	10,104	1	3	40
Louisiana State University Unit [1-3]	New Orleans	G. M. Hale	641	7,798	1	3	40
Tulane University Unit [1-3]	New Orleans	J. H. Allen	621	9,393	1	3	40
Eye, Ear, Nose and Throat Hospital [1-3]	New Orleans	P. Renken	1,335	17,974	8	11	35
Touro Infirmary [1]	New Orleans	E. E. Allgeyer	100	2,205	1	1	35
Eye, Ear and Throat Charity Hospital [1-3]	Baltimore	C. A. Clapp	1,054	11,310	1	3	...
Johns Hopkins Hospital [1-3]	Baltimore	A. C. Woods	1,746	16,218	..	6	...
University Hospital [1-3]	Baltimore	F. E. Knowles, Jr.	39	3,603	1	2	50
Boston City Hospital [1-3]	Boston	J. J. Regan	540	21,974	..	7	122
Massachusetts Eye and Ear Infirmary [1-3-145]	Boston	E. B. Dunphy	2,636	31,656	..	11	41
Massachusetts Memorial Hospitals [1-3]	Boston	T. Gundersen	242	3,334	..	2	50
University Hospital [1-3]	Ann Arbor, Mich.	F. B. Fralick	630	7,898	3	9	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	A. D. Woodruff	492	12,579	4	10	234
Harper Hospital [1-3]	Detroit	A. S. Hals	1,410	5,542	1	3	225
Henry Ford Hospital [1-3]	Detroit	E. L. Whitney	397	24,757	1	4	225
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	F. T. May	152	2,986	1	2	278.33
Minneapolis General Hospital [1-3]	Minneapolis	W. K. Haven	148	3,671	1	2	169
University of Minnesota Hospitals [1-3]	Minneapolis	E. W. Hansen	167	6,001	1	3	150
Mayo Foundation [1-3]	Rochester, Minn.	C. W. Rucker	6,622	43,612	4	14	150
Ancker Hospital [1-3]	St. Paul, Minn.	L. T. Simons	107	4,280	..	2	150
Charles T. Miller Hospital [1-3-150]	St. Paul, Minn.	E. Burch	545	2,259	1	1	150
St. Louis County Hospital [1-3]	Clayton, Mo.	D. Bisno	26	1,120	1	2	225
Kansas City General Hospital No. 1	Kansas City, Mo.	W. R. Eubank	157	4,633	1	2	75
Barnes Hospital [1-3]	St. Louis	L. Post	1,747	22,859	4	7	50
Homer G. Phillips Hospital [1-3]	St. Louis	L. T. Post	165	3,333	2	6	190
St. Louis City Hospital [1-3]	St. Louis	D. Bisno	134	5,915	1	2	137.75
St. Mary's Group of Hospitals [1-3]	St. Louis	F. E. Brodesty	252	6,740	1	3	65
University of Nebraska Hospital [1-3]	Omaha, Nebr.	J. H. Judd	128	2,310	1	3	175
Medical Center-Jersey City Hospital [1-3]	Jersey City, N. J.	F. X. Brophy	139	4,839	1	3	66.75
Newark Eye and Ear Infirmary [1-3]	Newark, N. J.	L. W. Hughes	1,218	7,017	2	2	125
Brooklyn Eye and Ear Hospital [1-3]	Brooklyn	W. Y. Moore	3,039	46,508	4	8	...
Jewish Hospital [1-3]	Brooklyn	M. Lasky	238	3,845	1	3	75
Kings County Hospital [1-3]	Brooklyn	W. Moehle	384	12,407	2	2	98
Long Island College Hospital [1-3]	Brooklyn	H. F. Schilback	196	4,076	1	2	75
Buffalo General Hospital [1-3]	Buffalo	I. J. Koeniz	414	2,579	..	1	125
Edward J. Meyer Memorial Hospital [1-187]	Buffalo	J. J. Koeniz	131	5,670	2	4	179
Millard Fillmore Hospital [1-3]	Buffalo	E. B. Hague	241	10	1	1	...
Queens General Hospital [1-3]	Jamaica, N. Y.	T. D'Angelo	254	5,805	1	2	98.33
Bellevue Hospital Center							
Division IV—New York University College of Medicine [1-3-208]	New York City	A. G. DeVoe	493	18,713	4	10	98
Beth Israel Hospital [1-3]	New York City	M. L. Berliner	140	2,939	1	1	75
Bronx Eye and Ear Infirmary [3]	New York City	M. Jaffe					
		N. Gould	959	18,248	1	2	50
Goldwater Memorial Hospital [1-3]	New York City	S. Fox	1,021	934	1	3	98
Harlem Eye and Ear Hospital [1-3]	New York City	.....	127	.....	..	..	98.32
Lenox Hill Hospital [1-3]	New York City	B. Payne	353	4,290	1	2	180
Manhattan Eye, Ear and Throat Hospital [1-3]	New York City	R. T. Paton	2,934	60,550	5	10	...
Metropolitan Hospital [1-3]	New York City	C. A. Tortz	63	5,465	1	2	98
Montefiore Hospital [1-3]	New York City	S. Gartner	87	4,847	..	1	60
Mount Sinai Hospital [1-3]	New York City	H. Minsky	365	10,323	1	2	...
New York City Hospital [1-3]	New York City	I. Givner	199	5,199	2	3	150
New York Eye & Ear Infirmary [1-3]	New York City	C. Berens	3,119	60,113	6	18	...
New York Hospital [1-3]	New York City	J. M. McLean	672	13,224	3	5	25
New York Polyclinic Medical School and Hospital [1-3]	New York City	H. H. Romaine	1,147	17,169	1	2	...
New York University-Bellevue Medical Center	(See also Bellevue Hospital Center, Div. IV, and Goldwater Memorial Hospital)						
University Hospital [1-3]	New York City	A. G. DeVoe	255	4,270	..	..	85
Presbyterian Hospital [1-3]	New York City	J. H. Dunnington	2,613	27,888	3	9	208.33

Numerical and other references will be found on pages 373 and 374.

14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend ($) (Month)
St. Luke's Hospital [1-3]	New York City	W. G. Frey	238	5,713	1	1	60
St. Mary's Hospital [1-3]	Rochester, N. Y.	C. T. Sullivan	410	1,252	1	1	200
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	J. F. Gipner	444	4,466	..	2	41.66
Sea View Hospital [1-3]	Staten Island, N. Y.	S. L. Saltzman	1,949	.....	1	1	150
State University of New York Medical Center [1-3-219]	Syracuse, N. Y.	H. Joy	....	.....	..	1	191.66
Grasslands Hospital [1-3]	Valhalla, N. Y.	C. Wood	125	6,318	1	3	125
Duke Hospital [1-3]	Durham, N. C.	W. B. Anderson	402	3,736	3	8	25
McPherson Hospital [1-3-220]	Durham, N. C.	S. D. McPherson, Sr.	637	21,340	1	3	100
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. W. Roberts	152	1,778	1	3	41.66
Cincinnati General Hospital [1-3]	Cincinnati	D. J. Lyle	320	8,325	2	4	...
City Hospital [1-3]	Cleveland	G. L. Miller	153	5,743	..	..	100
Cleveland Clinic Hospital [1-3]	Cleveland	R. J. Kennedy	327	17,308	2	6	175
St. Luke's Hospital [1-3]	Cleveland	M. W. Jacoby	360	1,879	1	1	120
University Hospitals [1-3]	Cleveland	L. V. Johnson	844	6,896	1	3	35
University Hospitals — University Hospital [1-3]	Columbus, Ohio	A. M. Culler	238	8,555	1	4	150
University Hospitals [1-3]	Oklahoma City	J. R. Reed	362	3,004	1	2	50
University of Oregon Medical School Hospitals and Clinics [1-252-253]	Portland, Ore.	K. C. Swan	292	13,999	2	6	85
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	C. H. Jacobs	298	7,680	..	2	125
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	E. Spaeth	836	2,812	3	5	...
Hospital of the University of Pennsylvania [1-3]	Philadelphia	F. Adler	560	8,835	8	9	...
Jefferson Medical College Hospital [1-3]	Philadelphia	A. E. Town	158	5,950	..	..	...
Philadelphia General Hospital [1-3]	Philadelphia	R. J. Donnelly	161	5,577	1	2	112.34
Temple University Hospital [1-3]	Philadelphia	G. G. Gibson	248	3,588	2	6	50
Wills Eye Hospital [1-3]	Philadelphia	.....	3,992	90,330	6	12	...
Montefiore Hospital [1-3]	Pittsburgh	H. E. Thorpe	487	1,930	1	3	58.33
Pittsburgh Medical Center [1-3-261]	Pittsburgh	M. F. McCaslin	2,284	9,147	2	4	125
Robert Packer Hospital [1-3]	Sayre, Pa.	H. D. Rentschler	1,335	10,390	1	1	100
Roper Hospital [1-3]	Charleston, S. C.	P. G. Jenkins	578	2,485	1	3	83
City of Memphis Hospitals [1-3]	Memphis, Tenn.	P. Lewis	299	.....	1	2	35
Memphis Eye, Ear, Nose and Throat Hospital [1-3]	Memphis, Tenn.	.....	4,326	8,747	4	8	150
Parkland Hospital [1-3]	Dallas, Texas	K. Cox	79	2,034	2	2	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	C. S. Sykes	210	4,545	1	3	...
Jefferson Davis Hospital [1]	Houston, Texas	E. L. Goar	199	5,914	1	3	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. W. Burton	344	3,856	1	3	50
Milwaukee County Hospital [1-3]	Milwaukee	E. F. Carl	335	6,554	1	3	208.92
Medical College of Virginia — Hospital Division [1-3]	Richmond, Va.	R. H. Courtney	411	6,809	1	3	...
Gill Memorial Eye, Ear and Throat Hospital [1-3]	Roanoke, Va.	E. G. Gill	440	9,855	3	12	200
King County Hospital, Unit No. 1 (Harborview) [1-253]	Seattle, Wash.	R. C. Laughlin	111	2,033	..	1	130
University Hospitals	Madison, Wis.	F. A. Davis	541	3,474	1	3	50
Gorgas Hospital [3]	Ancon, C. Z.	H. W. Shreck	222	10,288	1	3	...

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult orthopedics; C—Children's orthopedics; F—Fractures. The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics, children's orthopedics and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on page 338.

Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals, 199; Assistant Residencies and Residencies, 727

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Program Identification	Beginning Stipend ($) (Month)
FEDERAL											
UNITED STATES ARMY											
Army Medical Center [1-66-67]	Washington, D. C.	A. W. Spittler	ACF	1,467	7,573	4	1	3	9	..	...
Brooke Army Medical Center [66-280]	San Antonio, Texas	M. S. Thompson	ACF	2,471	7,971	3	2	5	14	..	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE											
Freedmen's Hospital [1-3]	Washington, D. C.	J. R. Gladden	ACF	231	3,023	6	..	..	1	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	R. H. Hall	AF	378	1,344	2	2	3	3	60	...
Veterans Admin. Hospital [1]	San Francisco	L. C. Abbott									
		D. E. King	AF	359	636	6	1	1	3	2,3	...
Veterans Admin. Hospital [1]	Hines, Ill.	H. A. Sofield	AF	1,594	2,248	15	2	1	10	50	...
Veterans Admin. Hospital [1-3]	Indianapolis, Ind.	D. C. Strange	AF	420	.....	5	4	...	1	8	...
Veterans Admin. Hospital [1-3]	Des Moines, Iowa	D. N. Gibson	AF	988	990	2	1	1	3	55	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	R. H. Kiene	AF	172	256	12	8	3	6	18	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	K. A. Fischer	AF	717	471	8	5	2	4	9	...
Veterans Admin. Hospital [1]	New Orleans, La.	R. H. Alldredge	AF	706	1,742	1	..	1	4	10	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	J. P. Miller	AF	205	364	3	1	2	3	46	...
Veterans Admin. Hospital [1-3]	Boston	J. S. Barr	AF	369	778	2	1	..	6	13	...
Veterans Admin. Hospital [1-3]	Minneapolis	E. T. Evans	AF	940	449	4	3	..	6	16	...
Veterans Admin. Hospital [1-3]	Brooklyn	A. Schildhaus	AF	638	1,038	5	3	1	3	52	...
Veterans Admin. Hospital [1-3]	Buffalo	J. D. MacCallum	AF	655	.....	2	1	..	2	24	...
Veterans Admin. Hospital [1-3-209]	New York City (Bronx)	P. D. Wilson	AF	687	3,820	6	3	1	4	22	...
Veterans Admin. Hospital [1-3]	Cleveland	W. H. McShaw	AF	826	888	5	1	3	7	27	...
Veterans Admin. Hospital	Oklahoma City	W. K. West	AF	435	.....	..	..	..	2	53	...
Veterans Admin. Hospital [1-3-252]	Portland, Ore.	H. C. Blair	AF	611	940	..	..	1	3	54	...
Veterans Admin. Hospital [3]	Columbia, S. C.	J. T. Green	AF	1,029	889	..	..	1	3	45	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	D. M. Street	AF	1,333	1,198	8	6	4	10	1	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	P. M. Girard	AF	417	.....	1	1	1	3	47	...
Veterans Admin. Hospital [1-3]	Houston, Texas	B. F. Boyiston	AF	1,014	2,016	3	2	1	2	49	...
Veterans Admin. Hospital	Salt Lake City, Utah	J. A. Gubler	AF	431	786	..	..	..	1	34	...
Veterans Admin. Hospital [1]	Richmond, Va.	R. D. Butterworth	AF	944	2,172	1	1	1	3	35	...
Veterans Admin. Hospital [1]	Milwaukee	P. L. Carnesale	AF	1,750	2,264	8	7	3	3	40	...

Numerical and other references will be found on pages 373 and 374.

15. ORTHOPEDIC SURGERY—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Program Identification	Beginning Stipend (Month)
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	J. D. Sherrill	ACF	1,112	4,466	19	9	1	3	..	...
City Hospital	Mobile, Ala.	W. C. Hannon	ACF	644	1,416	11	1	1	1	..	175
Arkansas Children's Home and Hospital [1]	Little Rock, Ark.	S. Thompson	C	467	1,022	..	..	1	1	1	...
Childrens Hospital [1-3]	Los Angeles	J. C. Wilson	C	688	5,281	..	..	..	2	60	150
Los Angeles County Hospital [1]	Los Angeles	A. J. Neufeld	ACF	3,359	46,728	199	12	..	14	..	190
Orthopaedic Hospital [3]	Los Angeles	A. Brockway	ACF	2,328	50,381	..	..	2	5	..	150
Samuel Merritt Hospital [1]	Oakland, Calif.	H. H. Hitchcock	AF	1,424	.....	6	1	..	2	2	105
Children's Hospital [1]	San Francisco	L. C. Abbott	C	329	1,064	1	..	..	1	2	175
Franklin Hospital [1-3]	San Francisco	L. C. Abbott	A	1,223	6,436	9	3	1	3	2	125
San Francisco Hospital											
Stanford University Service [1]	San Francisco	F. Cox	AF	986	.....	62	1	1	2	2,3	175
University of California Service [1]	San Francisco	E. R. Schottstaedt	AF	1,068	.....	65	..	1	3	2,3	175
Shriners Hospital for Crippled Children [1]	San Francisco	F. C. Bost	C	240	3,215	..	..	..	2	2	100
Stanford University Hospitals [1-3]	San Francisco	D. E. King	AC	762	4,219	..	..	1	3	3	50
University of California Hospital [1-3]	San Francisco	L. C. Abbott	A	251	8,026	..	..	..	2	2	87
Children's Hospital [1-3]	Denver	J. T. Jacobs	C	711	3,353	..	..	..	2	4	...
University of Colorado Medical Center		.....	...	.....	.....	...	...	1	3	4	150
Colorado General Hospital [1-3-22]	Denver	A. Thomas	AF	269	1,847	14	8	..	..	..	...
Denver General Hospital [1-3-22]	Denver	I. E. Hendryson	AF	543	3,765	37	25	..	..	..	...
Hartford Hospital [1-3]	Hartford, Conn.	R. G. Reynolds	AF	1,345	691	25	14	1	2	5	50
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	N. M. Shutkin	AF	810	5,764	11	2	1	2	5	50
Hospital of St. Raphael [3]	New Haven, Conn.	D. O'Connor	AF	634	1,194	16	..	2	6	43	100
Newington Home and Hospital for Crippled Children [1-3]	Newington, Conn.	F. S. Jones	C	427	3,682	..	..	..	3	5	200
Alfred I. duPont Institute of the Nemours Foundation [1-3]	Wilmington, Del.	A. R. Shands	C	232	2,719	..	..	2	2	19,20	100
Gallinger Municipal Hospital [1-3]	Washington, D. C.	M. C. Cobey									
		J. Nevinaer	ACF	693	5,581	22	8	3	5	..	...
American Legion Hosp. for Crippled Children [1-3]	St. Petersburg, Fla.	R. C. Honeregan	C	681	4,789	4	2	..	1	7	150
University Hospital	Augusta, Ga.	P. B. Wright	ACF	893	.....	22	1	2	6	..	160
Children's Memorial Hospital [1-3]	Chicago	C. N. Pease	C	142	1,935	..	..	..	1	7	75
Cook County Hospital [1-3]	Chicago	F. N. Shapiro	ACF	515	7,220	14	12	4	4	..	50
Northwestern University Medical Center											
Passavant Memorial Hospital [1-3]	Chicago	J. Stack									
		E. Hauser	A	735	.....	1	1	..	..	7	...
Wesley Memorial Hospital [1-3]	Chicago	E. L. Compere	AF	1,891	2,806	7	3	1	2	7	50
Evanston Hospital [1-3]	Evanston, Ill.	V. Turner	AF	629	1,493	9	..	1	1	7	50
St. Elizabeth Hospital [3]	Chicago	C. S. Scuderi	F	697	.....	13	..	1	1	7	125
Shriners Hospitals for Crippled Children [3]	Chicago	H. A. Sofield	C	288	2,475	..	..	3	3	50	33,33
University of Chicago Clinics [1-3]	Chicago	C. H. Hatcher	ACF	677	5,194	10	9	1	4	..	175
University of Illinois Research and Educational Hosptials [1-3]	Chicago	F. A. Chandler	ACF	734	12,224	7	7	2	6	..	60
St. Francis Hospital [1-3]	Evanston, Ill.	J. J. Fahey	AF	1,168	3,366	23	4	..	1	7	150
West Suburban Hospital	Oak Park, Ill.	H. A. Sofield	AF	736	2,147	10	1	1	1	7,33	150
Indianapolis General Hospital [1]	Indianapolis	T. Horwitz	AF	747	5,033	41	6	1	2	8	150
Indiana University Medical Center [1-3]	Indianapolis	G. J. Garceau	ACF	939	10,875	19	5	..	6	8	175
St. Vincent's Hospital [1]	Indianapolis	G. J. Garceau	AF	1,240	3,447	17	9	1	2	8	250
University Hospitals [1-3]	Iowa City, Iowa	C. B. Larson	ACF	2,351	3,984	16	11	4	10	55	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	J. Weaver	ACF	588	3,246	11	3	1	3	..	125
Good Samaritan Hospital [1-3]	Lexington, Ky.	E. E. Meyers	AC	6.9	.....	5	..	1	1	59	225
St. Joseph Hospital [1-3]	Lexington, Ky.	M. G. Brown	ACF	705	.....	6	2	..	..	59	...
Kosair Crippled Children Hospital [1-3]	Louisville, Ky.	K. D. Leatherman	C	719	755	1	..	2	4	9	100
Louisville General Hospital [1-3]	Louisville, Ky.	K. A. Fischer	AF	560	6,810	31	4	1	2	9	150
Charity Hospital of Louisiana											
Louisiana State University Unit [1-3]	New Orleans	H. T. Simon	ACF	1,416	16,021	32	7	2	6	..	40
Tulane University Unit [1-3]	New Orleans	J. Wickstrom	ACF	1,328	17,729	37	9	2	6	10	40
Ochsner Foundation Hospital [1-3]	New Orleans	G. A. Caldwell	AF	254	5,588	2	1	1	2	56	150
Touro Infirmary [1-110]	New Orleans	R. H. Alldredge	AF	1,049	1,626	14	2	1	3	10	35
Confederate Memorial Medical Center [1]	Shreveport, La.	T. M. Oxford	ACF	757	6,073	16	2	2	6	..	60
Baltimore City Hospitals [1-3]	Baltimore	A. Voshell	AF	788	2,989	..	..	..	1	58	75
Children's Hospital School [1-3]	Baltimore	G. E. Bennett	C	727	816	4	1	1	2	46,57	...
James Lawrence Kernan Hospital for Crippled Children [1-3]	Baltimore	A. F. Voshell	C	436	3,576	2	..	..	2	58	100
Johns Hopskins Hospital [1-3]	Baltimore	R. A. Robinson	AF	687	9,712	10	1	..	3	57	...
University Hospital [1-3]	Baltimore	A. F. Voshell	AF	217	3,733	8	5	..	1	58	...
Boston City Hospital [1-3]	Boston	R. F. Sullivan	AF	1,234	32,545	19	..	..	7	13,66	132
Children's Medical Center [1-3]	Boston	W. T. Green	C	645	16,813	4	..	4	9	11	50
Lahey Clinic [1-3]	Boston	G. E. Haggart	A	769	7,351	2	1	4	4	66	150
Massachusetts General Hospital [1-3]	Boston	J. S. Barnes	ACF	1,372	7,931	13	4	5	6	11	160
Massachusetts Hospital School [1-114]	Canton, Mass.	P. L. Norton	CF	155	40	..	..	..	2	13,66	...
Shriners Hospital for Crippled Children [3]	Springfield, Mass.	G. deN. Hough, Jr.	C	306	3,625	..	..	2	2	33,66	50
Worcester City Hospital [1-3]	Worcester, Mass.	J. B. Kelley	ACF	1,011	.....	28	8	1	2	..	200
University Hospital [1-3]	Ann Arbor, Mich.	C. E. Badgley	ACF	1,187	7,839	12	6	4	12	..	104.16
Children's Hospital [1-3]	Detroit	F. Fisher	C	393	2,960	..	..	..	2	12	100
City of Detroit Receiving Hospital [1-3]	Detroit	A. Goetz	F	557	3,412	19	1	..	2	12	254
Harper Hospital [1-3]	Detroit	C. W. Peabody	A	701	1,092	3	1	2	2	12	225
Henry Ford Hospital [1-3]	Detroit	C. L. Mitchell	ACF	1,069	17,567	9	4	..	6	..	225
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	J. T. Hodgen	ACF	396	2,935	2	..	1	3	..	200
Borgess Hospital [1-3]	Kalamazoo, Mich.	H. Stryker	ACF	310	6,370	..	..	1	1	..	200
Shriners Hospital for Crippled Children [1-3]	Minneapolis	W. H. Cole	C	187	622	..	..	2	2	16	...
University of Minnesota Hospitals [1-3]	Minneapolis	W. Cole	A	211	1,507	5	..	1	3	16	169
Mayo Foundation [1-3]	Rochester, Minn.	R. K. Ghormley	ACF	5,358	18,737	8	5	5	16	..	150
Gillette State Hospital for Crippled Children [1-3]	St. Paul, Minn.	J. S. Chatterton	C	906	3,885	2	1	..	..	16	125
Mississippi Baptist Hospital	Jackson, Miss.	T. H. Blake	ACF	1,307	3,842	9	3	1	3	..	...
University Hospital [1]	Columbia, Mo.	W. J. Stewart	C	302	.....	1	1	..	..	7	...
Children's Mercy Hospital [1-3]	Kansas City, Mo.	N. S. Pickard	C	254	2,110	1	..	1	1	18	125
Kansas City General Hospital No. 1	Kansas City, Mo.	R. L. Diveley	AF	758	4,330	55	22	..	2	18	75
St. Luke's Hospital [1-3]	Kansas City, Mo.	R. L. Diveley	ACF	1,105	.....	..	..	1	3	18	175
Barnes Hospital [1-3]	St. Louis	J. A. Key	ACF	951	4,915	6	2	1	5	..	50
St. Mary's Group of Hospitals [1-3]	St. Louis	R. M. O'Brien	ACF	822	3,562	10	4	2	6	..	65
University of Nebraska Hospital [1-3]	Omaha, Nebr.	W. R. Hamsa	ACF	141	1,126	4	2	1	2	..	175
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	B. M. Halbstein	ACF	786	2,328	18	8	1	3	..	200
Carrie Tingley Hospital for Crippled Children [1-3]	Truth or Consequences, N. Mex.	W. L. Minear	C	1,430	4,029	1	..	..	3	7	150
Albany Hospital [1-3]	Albany, N. Y.	J. W. Ghormley	AF	711	917	8	1	1	3	42	135
House of St. Giles the Cripple [1-3]	Brooklyn	M. Cleveland	C	160	8,433	..	..	3	3	26,41	100
Kings County Hospital [1-3]	Brooklyn	H. C. Fett C. Vitale	ACF	937	10,181	10	4	4	8	15	98

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [5]	Program Identification	Beginning Stipend
Long Island College Hospital [1-3]	Brooklyn	H. C. Fett	AF	629	2,537	9	2	1	3	39	75
St. Charles Hospital and Orthopedic Clinic [1-3]	Brooklyn	H. C. Fett	C	277	6,801	..	..	2	2	39,52	125
Buffalo General Hospital [1-3]	Buffalo	F. N. Potts	AF	844	941	8	2	..	4	24	125
Children's Hospital [1-3]	Buffalo	F. N. Potts	C	306	1,224	..	..	..	3	24	75
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	O. C. Hudson	F	1,057	1,171	62	14	2	2	38	225
Nassau Hospital [1-3]	Mineola, N. Y.	O. C. Hudson	AF	1,817	.....	17	..	1	2	38	...
Bellevue Hospital Center											
Division IV—New York University Post-Graduate Medical School [1-2]	New York City	W. A. L. Thompson	ACF	329	5,472	21	8	3	9	51	98
Hospital for Joint Diseases [1-3]	New York City	J. Buchman I. Zadek	ACF	2,669	26,409	18	5	6	18	..	70
Hospital For Special Surgery [1-3-206]	New York City	P. D. Wilson	ACF	1,623	25,594	3	2	4	9	22	160
Metropolitan Hospital [1-3]	New York City	M. J. Wilson	ACF	705	3,895	41	5	2	3	67	98
Mount Sinai Hospital [1-3]	New York City	K. Lippmann	ACF	381	5,431	2	1	1	3	..	50
New York Polyclinic Medical School and Hospital [1-3]	New York City	D. M. Bosworth	F	245	2,214	2	1	1	2	26	...
New York University-Bellevue Medical Center	New York City	(See Bellevue Hospital Center, Div. IV and Rehabilitation Hospital, West Haverstraw, N. Y.)									
Presbyterian Hospital (New York Orthopedic Dispensary and Hospital) [1-3]	New York City	A. D. Smith	ACF	2,469	38,758	8	2	6	18	..	208.33
St. Luke's Hospital [1-3]	New York City	D. M. Bosworth	ACF	790	4,622	5	2	1	3	41	60
St. Vincent's Hospital [1-3]	New York City	D. M. Bosworth	F	589	714	7	1	1	1	26	150
St. Charles Hospital [1-3]	Port Jefferson, N. Y.	F. S. Child	C	536	15,196	1	..	6	6	38,43	150
Rochester General Hospital [1-3]	Rochester, N. Y.	H. B. Crawford	A	756	1,273	5	3	..	..	31	100
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	R. P. Schwartz	ACF	1,088	4,073	..	..	..	6	31	41.66
Ellis Hospital [1]	Schenectady, N. Y.	W. Gazeley	AC	1,475	1,307	6	1	1	3	42	150
Sea View Hospital [1-3]	Staten Island, N. Y.	D. M. Bosworth	A	194	.....	5	..	3	3	26	150
Rehabilitation Hospital [1-3]	West Haverstraw, N. Y.	J. C. McCauley, Jr.	AC	572	697	6	2	..	..	14,51	225
Charlotte Memorial Hospital [1-3]	Charlotte, N. C.	H. Winkler	AF	1,720	1,855	17	7	1	3	48	150
Duke Hospital [1-3]	Durham, N. C.	L. D. Baker	ACF	867	5,899	1	1	6	17	19	25
North Carolina Orthopedic Hospital	Gastonia, N. C.	W. M. Roberts	C	349	6,487	2	..	2	2	19	...
Children's Hospital [1-3]	Akron, Ohio	P. C. Doran	C	334	396	1	1	2	8	15	250
City Hospital [1-3]	Akron, Ohio	A. Davis	AF	1,521	539	17	3	1	4	15	250
Children's Hospital [1-3]	Cincinnati	J. A. Freiberg	C	.....	.....	..	..	..	..	17	45
Cincinnati General Hospital [1-3]	Cincinnati	J. A. Freiberg	AF	190	3,081	5	3	2	6	17	...
Jewish Hospital [1-3]	Cincinnati	J. A. Freiberg	A	696	429	6	3	..	1	17	165
Cleveland Clinic Hospital [1-3]	Cleveland	J. A. Dickson	ACF	812	13,541	5	1	2	8	..	175
University Hospitals [1-3]	Cleveland	K. C. H. Herndon	AF	905	4,212	13	7	1	2	..	62.50
Mount Carmel Hospital [1-3]	Columbus, Ohio	H. B. Lacey	AF	1,268	962	9	2	2	2	25	250
University Hospitals											
Children's Hospital [1-3]	Columbus, Ohio	H. Lacey	C	486	.....	..	..	..	2	25	...
University Hospital [1-3]	Columbus, Ohio	J. D. Wilson	AF	.....	.....	..	..	..	6	25	150
White Cross Hospital [1-3]	Columbus, Ohio	C. W. Dawson	AF	1,106	.....	5	..	1	3	25	375
Elyria Memorial Hospital [1-3]	Elyria, Ohio	C. H. Heyman	C	216	1,878	..	..	..	2	27	220
St. Vincent's Hospital [1-3]	Toledo, Ohio	A. L. Bershon	ACF	1,247	.....	8	1	1	2	..	225
Bone and Joint Hospital [2]	Oklahoma City	E. D. McBride	AF	1,982	18,967	5	1	1	4	53	200
St. Anthony Hospital [1-3]	Oklahoma City	W. K. West	A	1,579	683	7	1	1	1	53	150
University Hospitals [1-3-215]	Oklahoma City	D. H. O'Donoghue	ACF	999	7,328	7	4	3	6	53	99
Emanuel Hospital [1-3]	Portland, Ore.	J. Mason	AF	1,879	.....	18	7	1	2	28	100
Shriners Hospital for Crippled Children [1-3]	Portland, Ore.	L. S. Lucas	C	346	2,904	1	..	..	1	28	85
University of Oregon Medical School Hospitals and Clinics [1-250-253]	Portland, Ore.	L. S. Lucas	AF	529	5,050	32	17	2	8	28	85
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	L. F. Bush	AF	637	11,231	9	2	1	1	6	100
State Hospital for Crippled Children [1]	Elizabethtown, Pa.	T. Outland	C	267	2,867	..	..	..	3	21,56	230.50
Hamot Hospital [1-3]	Erie, Pa.	C. W. Fortune	ACF	1,386	1,165	13	6	1	2	..	200
Children's Hospital [1-3]	Philadelphia	J. T. Nicholson	C	177	3,041	..	9	21	1	23	...
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. T. Nicholson	A	236	1,044	5	2	1	1	23	150
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Colonna	ACF	646	5,868	1	..	..	7	20	...
Jefferson Medical College Hospital [1-3]	Philadelphia	A. F. DePalma	AF	825	4,437	6	..	4	9	21	100
Pennsylvania Hospital [1-3]	Philadelphia	J. T. Nicholson	F	205	1,962	..	..	..	1	23	20
Philadelphia General Hospital [1-3]	Philadelphia	I. Stein	ACF	658	6,422	69	14	3	6	23	112.34
Shriners Hospital for Crippled Children [1-3]	Philadelphia	R. Moore	C	267	3,659	..	..	1	3	29	50
Temple University Hospital [1-3]	Philadelphia	J. R. Moore	AF	1,129	5,652	18	6	1	3	29	50
Allegheny General Hospital [1-3]	Pittsburgh	P. B. Steele J. A. Heberling	ACF	1,294	10,466	6	..	..	1	30	150
Children's Hospital [1-3]	Pittsburgh	J. S. Donaldson	C	513	4,110	2	..	..	1	6,30	58.33
Presbyterian Hospital [1]	Pittsburgh	J. S. Donaldson	AF	459	.....	..	..	2	2	30	150
St. Francis Hospital [1-3]	Pittsburgh	C. C. Yount	A	336	893	1	1	..	1	30	150
Robert Packer Hospital [1-3]	Sayre, Pa.	D. R. Baker	ACF	855	7,261	7	4	1	3	..	100
Rhode Island Hospital [1-3]	Providence, R. I.	H. McCusker	ACF	1,613	9,643	26	6	1	4	..	60
Roper Hospital [1-3]	Charleston, S. C.	J. A. Hoshall	AFC	715	3,192	6	..	1	3	45	83
Columbia Hospital [1-3]	Columbia, S. C.	W. A. Boyd	ACF	1,675	.....	17	4	1	3	..	150
Greenville General Hospital [1-3]	Greenville, S.C.	C. H. Haynesworth F. H. Stelling									
Shriners Hospitals for Crippled Children [1-3]	Greenville, S. C.	B. Thomas	AF	695	1,643	14	3	1	1	19	100
St. Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	F. H. Stelling	C	404	2,267	1	..	..	3	19,48	100
Campbell Clinic Hospital [2]	Memphis, Tenn.	T. Bagwell	ACF	1,020	27	..	..	1	3	..	300
Baylor University Hospital [1-3]	Dallas, Texas	J. S. Speed	ACF	2,211	19,733	5	..	4	13	..	...
Parkland Hospital [1]	Dallas, Texas	F. Butte	A	1,999	654	3	1	2	6	32	75
Texas Scottish Rite Hospital for Crippled Children [1-3]	Dallas, Texas	P. M. Girard	F	652	3,096	11	1	2	6	32	50
Hermann Hospital [1-3]	Houston, Texas	B. Carrell	C	601	4,807	..	..	1	3	32,47	75
Jefferson Davis Hospital [1]	Houston, Texas	E. T. Smith	ACF	1,514	3,511	6	1	1	4	..	160
Salt Lake County General Hospital [1-3]	Salt Lake City	F. A. Bloom	ACF	675	7,063	11	3	1	2	49	50
Shriners Hospital for Crippled Children	Salt Lake City	P. B. Price	F	146	1,523	12	3	..	1	34	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	.....	C	.....	.....	..	..	..	..	34	...
Crippled Children's Hospital [1-3]	Richmond, Va.	J. H. Allan W. T. Graham	ACF	762	4,816	11	4	1	5	14	50
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	H. P. Mauck	C	238	400	..	..	2	2	35	200
Children's Orthopedic Hospital [1-4]	Seattle, Wash.	H. P. Mauck	AF	1,350	4,322	27	8	3	6	35	50
King County Hospital Unit No. 1 (Harborview) [1-3]	Seattle, Wash.	J. F. LeCocq	C	461	5,968	1	1	..	2	36	...
Providence Hospital [1-3]	Seattle, Wash.	R. D. Ray	AF	870	5,235	35	18	..	2	36	130
Shriners Hospital for Crippled Children [1-3]	Spokane, Wash.	H. T. Buckner	A	1,898	178	..	..	1	1	36	200
Charleston General Hospital [1]	Charleston, W. Va.	N. R. Brown	C	211	954	..	..	..	1	54	...
St. Mary's Hospital [1-3]	Huntington, W. Va.	G. Miyakawa	AF	674	6,639	8	1	..	2	78	160
Morris Memorial Hospital for Crippled Children [1-3]	Milton, W. Va.	F. A. Scott	AF	1,203	762	9	5	1	1	78	125
University Hospitals [1-4]	Madison, Wis.	H. M. Hills	C	709	78	..	..	..	2	78	300
Columbia Hospital [1-3]	Milwaukee	R. E. Burns	ACF	1,502	5,077	24	14	2	6	..	50
Milwaukee Children's Hospital [1-3]	Milwaukee	H. C. Schumm	AF	892	.....	7	3	1	3	37	125
Shriners Hospital for Crippled Children [1-3]	Honolulu, T. H.	W. P. Blount	C	412	1,939	1	1	..	2	37,40	...
		J. W. White	C	171	4,294	..	..	1	1	50	100

Numerical and other references will be found on pages 373 and 374.

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15. ORTHOPEDIC SURGERY—Continued

The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integrated plan of training are designated by a program number, a list of which is found on page 338.

Residents completing their training in these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 37; Assistant Residencies and Residencies, 103

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Program Identification	Beginning Stipend (Month)
FEDERAL											
UNITED STATES ARMY											
Letterman Army Hospital [66]	San Francisco	E. A. Bray	AF	2,694	2,995	1	1	3	9	..	...
Fitzsimons Army Hospital [66]	Denver, Colo.	L. W. Taylor	AF	1,217	4,674	3	3	2	5	..	...
UNITED STATES AIR FORCE											
U. S. Air Force Base Hospital [1]	San Antonio, Texas	H. E. Block	AF	1,137	14,150	3	2	2	2	..	...
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Oakland, Calif.	F. P. Kreuz	AF	2,119	8,675	2	1	..	3	..	...
U. S. Naval Hospital [1]	Bethesda, Md.	C. R. Carr	AF	1,473	11,042	9	7	..	4	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	C. F. Morrison	AF	788	3,739	..	..	..	2	..	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	H. A. Markowitz	AF	1,777	.....	1	..	..	2	..	...
U. S. Naval Hospital [1]	Philadelphia	H. E. Wiggins	AF	1,395	3,402	7	2	..	2	..	...
U. S. Naval Hospital [1]	Portsmouth, Va.	J. S. Thiemeyer	AF	2,672	9,048	5	4	..	1	..	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	S. J. Curran	AF	1,706	11,589	3	1	..	..	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-2]	Los Angeles, Calif.	R. Mazet, Jr.	AF	982	2,437	10	8	3	8	..	...
Veterans Admin. Hospital [1-3]	Denver, Colo.	M. E. Gibbens	AF	617	.....	..	..	1	2	..	...
Veterans Admin. Hospital	Boston (Jamaica Plain)	J. S. Barr	AF	966	2,290	3	2	2	6	13	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	O. Hampton, Jr.	AF	972	.....	8	5	1	3	..	...
Veterans Admin. Hospital [1-3]	Lincoln, Nebr.	J. E. M. Thomson	AF	433	320	..	..	1	3	..	...
Veterans Admin. Hospital [1]	McKinney, Texas	V. M. Bryant	AF	1,054	.....	2	2	2	5	..	...
NONFEDERAL											
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	C. L. Yelton	AF	684	10,684	3	1	1	2	..	225
White Memorial Hospital [1-3]	Los Angeles, Calif.	T. G. Reynolds	AF	911	5,140	2	1	1	3	..	146.25
San Diego County General Hospital [1-3]	San Diego, Calif.	F. E. West	AF	1,212	1,668	1	33	1	3	..	150
St. Joseph's Hospital [1-3]	San Francisco	R. Soto-Hall	AF	930	1,109	7	7	1	3	..	150
St. Mary's Hospital [1-3]	San Francisco	J. J. Loutzenhiser	AF	1,268	584	15	4	1	2	..	150
St. Luke's Hospital [1-3]	Chicago	F. A. Chandler	AF	748	1,132	8	4	1	2	..	50
Methodist Hospital [1-3]	Indianapolis	H. E. Kitterman	AF	1,748	.....	22	11	1	2	..	...
Jewish Hospital [1-3]	Brooklyn	J. Milgram	AF	624	5,917	10	..	1	2	..	75
Methodist Hospital [1-3]	Brooklyn	H. P. Lange, Sr.	AF	886	2,95	3	..	1	1	..	75
Edward J. Meyer Memorial Hospital [1]	Buffalo	P. Blanco	AF	87	1,161	2	2	1	2	..	179
Queens General Hospital [1-3]	Jamaica, N. Y.	F. C. Courten	AF	186	3,014	16	2	1	3	..	98.33
Flower and Fifth Avenue Hospitals [1-3]	New York City	M. J. Wilson	AF	356	402	4	..	1	2	67	...
Lenox Hill Hospital [1-3]	New York City	W. Gallant A. Wiesenthal	AF	514	1,763	8	1	1	1	..	180
Metropolitan Hospital [1-3]	New York City	M. J. Wilson	AF	705	3,895	41	5	2	3	16	98
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. A. Moore	AF	432	1,651	5	4	1	1	2	41.66
St. Luke's Hospital [1-3]	Cleveland	W. H. McGaw	AF	983	1,783	4	1	1	3	..	120
Youngstown Hospital	Youngstown, Ohio	R. R. Morrall	AF	900	1,000	16	6	1	..	..	125
Hahnemann Medical College and Hospital [1-3]	Philadelphia	E. O. Geckeler	AF	959	6,226	11	1	2	4	..	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	G. W. N. Eggers	AF	510	4,375	7	4	1	5	..	...
St. Joseph's Infirmary [3]	Houston, Texas	F. F. Parrish	AF	618	1,488	4	1	1	1	..	150
Scott and White Memorial Hospitals [1-3]	Temple, Texas	R. A. Murray	AF	590	4,001	..	..	1	1	..	250

The following services are approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in one or more but not all categories of orthopedic surgery. Hospitals included in this list are urged to develop a full three year program, either independently or in collaboration with other institutions in order to assure applicants for appointment of an opportunity for completing their training with progressive graded responsibility.

Hospitals, 30; Assistant Residencies and Residencies, 56

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Program Identification	Beginning Stipend (Month)
FEDERAL											
UNITED STATES NAVY											
U. S. Naval Hospital	San Diego, Calif.	R. A. Freyling	AF	3,186	6,676	2	..	..	2	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	H. E. Pedersen	A	801	1,899	10	6	1	1	..	...
NONFEDERAL											
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	L. Barnard	AF	795	4,236	42	13	1	2	..	...
Santa Clara County Hospital [1]	San Jose, Calif.	R. W. Meyer	AF	154	2,812	3	1	1	1	..	200
Sonoma County Hospital [1-3]	Santa Rosa, Calif.	C. Anderson	A	164	612	12	11	1	1	..	350
Hope Haven Hospital [3]	Jacksonville, Fla.	F. L. Fort	C	486	1,693	..	..	..	1	..	100
Jackson Memorial Hospital [1]	Miami, Fla.	E. C. Cullipher	ACF	1,648	4,497	29	10	2	6	..	75
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	J. H. Kite	C	311	3,110	..	..	1	1	..	200
Emory University Hospital [1-3]	Emory University, Ga.	R. P. Kelly	C	560	.....	..	..	3	3	..	170
Alexian Brothers Hospital [3]	Chicago	C. N. Pease	F	677	123	6	..	1	1	..	125
Illinois Masonic Hospital [1-3]	Chicago	W. R. Fischer	AF	1,136	6,345	17	3	2	2	..	85
Michael Reese Hospital [1-3]	Chicago	P. Lewin	AC	1,594	3,292	6	4	1	3	..	50
St. Francis Hospital [1-3]	Peoria, Ill.	H. E. Cooper	ACF	1,067	3,274	2	..	1	2	..	...
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	D. N. Gibson	AF	536	.....	10	2	1	1	..	100
Mercy Hospital [1-3]	Iowa City, Iowa	A. Steindler	A	569	3,188	2	1	2	4	..	150
St. Francis Hospital [1-3]	Wichita, Kan.	H. S. Bowman	A	1,484	.....	26	9	1	1	..	...
Shriners Hospital for Crippled Children [1]	Shreveport, La.	G. D. Caldwell	C	175	918	..	..	..	1	..	100
Massachusetts Memorial Hospitals [1-3]	Boston, Mass.	K. Christophe	.....	227	22,839	7	2	1	1	..	...
St. Louis City Hospital [1-3]	St. Louis	E. Holscher I. Horwitz	F	1,005	4,854	68	1	1	2	..	137.75
Shriners Hospital for Crippled Children [3]	St. Louis	C. H. Crego	C	400	2,364	..	..	2	2	..	200
Nebraska Orthopedic Hospital [1]	Lincoln, Neb.	H. W. Orr	C	989	2,789	2	..	2	2	..	150
Hospital for Crippled Children	Newark, N. J.	H. H. Kessler T. Nicola	AC	818	.....	3	..	..	2	..	150
New Jersey Orthopaedic Hospital [1-3]	Orange, N. J.	H. W. Smith	AC	790	15,213	2	..	1	2	80	120
Orange Memorial Hospital [1-3]	Orange, N. J.	H. Briggs	F	529	1,145	12	..	1	1	80	120
Orthopaedic Hospital & Dispensary [1-3]	Trenton, N. J.	R. B. Ernest	A	572	7,870	7	..	1	1	..	200
Binghamton City Hospital [1-3]	Binghamton, N. Y.	A. R. Carpenter	AC	427	624	..	..	2	4	..	150
Mount Sinai Hospital [1-3]	Cleveland	R. S. Reich	AF	1,736	1,378	15	3	1	2	..	...
Reading Hospital [1-3]	Reading, Pa.	E. J. Morrissey	AF	689	636	19	7	1	1	..	125
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	R. C. Robertson	AF	1,448	979	26	9	2	3	17	150
Primary Children's Hospital	Salt Lake City	.....	C	...	.....	..	..	..	..	..	...

Numerical and other references will be found on pages 373 and 374.

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	Veterans Admin. Hospital	Memphis
	Arkansas Children's Home and Hospital	Little Rock, Ark.
2.	Veterans Admin. Hospital	San Francisco
	Samuel Merritt Hospital	Oakland
	Children's Hospital	San Francisco
	Franklin Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	University of California Hospital	San Francisco
3.	Veterans Admin. Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Stanford University Hospital	San Francisco
4.	Children's Hospital	Denver
	Colorado General Hospital	Denver
	Denver General Hospital	Denver
5.	Hartford Hospital	Hartford, Conn.
	Grace-New Haven Community Hospital	New Haven, Conn.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
6.	George F. Geisinger Memorial Hospital	Danville, Pa.
	Children's Hospital	Pittsburgh
7.	American Legion Hospital for Crippled Children	St. Petersburg, Fla.
	Children's Memorial Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	St. Elizabeth Hospital	Chicago
	Wesley Memorial Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
	West Suburban Hospital	Oak Park, Ill.
	University Hospitals	Columbia, Mo.
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.
8.	Veterans Admin. Hospital	Indianapolis
	Indianapolis General Hospital	Indianapolis
	Indiana University Medical Center	Indianapolis
	St. Vincent's Hospital	Indianapolis
9.	Veterans Admin. Hospital	Louisville
	Kosair Crippled Children Hospital	Louisville
	Louisville General Hospital	Louisville
10.	Veterans Admin. Hospital	New Orleans
	Charity Hospital of Louisiana Tulane University Unit	New Orleans
	Touro Infirmary	New Orleans
11.	Children's Hospital	Boston
	Massachusetts General Hospital	Boston
12.	Children's Hospital	Detroit
	City of Detroit Receiving Hospital	Detroit
	Harper Hospital	Detroit
13.	Veterans Admin. Hospital	Boston
	Boston City Hospital	Boston
	Massachusetts Hospital School	Canton, Mass.
14.	Rehabilitation Hospital	West Haverstraw, N. Y.
	University of Virginia Hospital	Charlottesville, Va.
15.	Children's Hospital	Akron, Ohio
	City Hospital	Akron, Ohio
16.	Veterans Admin. Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	University of Minnesota Hospitals	Minneapolis
	Gillette State Hospital for Crippled Children	St. Paul, Minn.
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Jewish Hospital	Cincinnati
18.	Veterans Admin. Hospital	Wadsworth, Kans.
	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital No. 1	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
19.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Duke Hospital	Durham, N. C.
	North Carolina Orthopaedic Hospital	Gastonia, N. C.
	Greenville General Hospital	Greenville, S. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Hospital of the University of Pennsylvania	Philadelphia
21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Jefferson Medical College Hospital	Philadelphia
22.	Veterans Admin. Hospital	New York City
	Hospital for Special Surgery	New York City
23.	Children's Hospital	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Pennsylvania Hospital	Philadelphia
	Philadelphia General Hospital	Philadelphia
24.	Veterans Admin. Hospital	Buffalo
	Buffalo General Hospital	Buffalo
	Children's Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
	University Hospitals	
	University Hospital	Columbus, Ohio
	White Cross Hospital	Columbus, Ohio
26.	House of St. Giles the Cripple	Brooklyn
	New York Polyclinic Medical School and Hospital	New York City
	St. Vincent's Hospital	Staten Island, N. Y.
	Seaview Hospital	Staten Island, N. Y.
27.	Veterans Admin. Hospital	Cleveland
	Elyria Memorial Hospital	Elyria, Ohio
28.	Emanuel Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Portland, Ore.
	University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
29.	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
30.	Allegheny General Hospital	Pittsburgh
	Children's Hospital	Pittsburgh
	Presbyterian Hospital	Pittsburgh
	St. Francis Hospital	Pittsburgh
31.	Rochester General Hospital	Rochester, N. Y.
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
32.	Baylor University Hospital	Dallas, Texas
	Parkland Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
33.	West Suburban Hospital	Oak, Park, Ill.
	Shriners Hospital for Crippled Children	Springfield, Mass.
34.	Veterans Admin. Hospital	Salt Lake City
	Salt Lake County General Hospital	Salt Lake City
	Shriners Hospital for Crippled Children	Salt Lake City
35.	Veterans Admin. Hospital	Richmond, Va.
	Crippled Children's Hospital	Richmond, Va.
	Medical College of Virginia-Hospital Division	Richmond, Va.
36.	Children's Orthopedic Hospital	Seattle
	King County Hospital, Unit No. 1 (Harborview)	Seattle
	Providence Hospital	Seattle
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
38.	Meadowbrook Hospital	Hempstead, N. Y.
	Nassau Hospital	Mineola, N. Y.
	St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.
39.	Long Island College Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
40.	Veterans Admin. Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
41.	House of St. Giles the Cripple	Brooklyn
	St. Luke's Hospital	New York City
42.	Albany Hospital	Albany, N. Y.
	Ellis Hospital and Eastern New York Orthopedic Hospital School	Schenectady, N. Y.
43.	Hospital of St. Raphael	New Haven, Conn.
	St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.
45.	Veterans Admin. Hospital	Columbia, S. C.
	Roper Hospital	Charleston, S. C.
46.	Veterans Admin. Hospital	Fort Howard, Md.
	Children's Hospital School	Baltimore
47.	Veterans Admin. Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
48.	Charlotte Memorial Hospital	Charlotte, N. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
49.	Veterans Admin. Hospital	Houston, Tex.
	Jefferson Davis Hospital	Houston, Tex.
50.	Veterans Admin. Hospital	Hines, Ill.
	Shriners Hospital for Crippled Children	Chicago
	Harriet Hospital for Crippled Children	Honolulu, T. H.
51.	Bellevue Hospital Center, Division III—New York University Medical College	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
52.	Veterans Admin. Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
53.	Veterans Admin. Hospital	Oklahoma City
	Bone and Joint Hospital	Oklahoma City
	St. Anthony's Hospital	Oklahoma City
	University Hospitals	Oklahoma City
54.	Veterans Admin. Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Spokane, Wash.
55.	Veterans Admin. Hospital	Des Moines, Ia.
	University Hospitals	Iowa City
56.	Ochsner Foundation Hospital	New Orleans
	State Hospital for Crippled Children	Elizabethtown, Pa.
57.	Children's Hospital School	Baltimore
	Johns Hopkins Hospital	Baltimore
58.	Baltimore City Hospital	Baltimore
	James Lawrence Kernan Hospital for Crippled Children	Baltimore
	University Hospital	Baltimore
59.	Good Samaritan Hospital	Lexington, Ky.
	St. Joseph's Hospital	Lexington, Ky.
60.	Veterans Admin. Hospital	Long Beach, Calif.
	Children's Hospital	Los Angeles, Calif.
66.	Boston City Hospital	Boston
	Lahey Clinic	Boston
	Massachusetts Hospital School	Canton, Mass.
	Shriners Hospital for Crippled Children	Springfield, Mass.
67.	Flower and Fifth Avenue Hospital	New York City
	Metropolitan Hospital	New York City
78.	Charleston General Hospital	Charleston, W. Va.
	St. Mary's Hospital	Huntington, W. Va.
	Morris Memorial Hospital	Milton, W. Va.
80.	New Jersey Orthopaedic Hospital	Orange, N. J.
	Orange Memorial Hospital	Orange, N. J.

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16. OTOLARYNGOLOGY

The following services have been approved for three years of training by the Council and the American Board of Otolaryngology. Hospitals, 108; Assistant Residencies and Residencies, 380

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
FEDERAL							
UNITED STATES ARMY							
Letterman Army Hospital [1-66]	San Francisco	B. G. McKibben	1,407	7,861	1	3	...
Army Medical Center [1-66-67]	Washington, D. C.	V. J. Erkenbeck	1,775	6,871	2	6	...
Brooke Army Medical Center [66-280]	San Antonio, Texas	H. S. Murphey	752	12,129	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	Oakland, Calif.	C. D. Riggs	1,112	4,525	..	1	...
U. S. Naval Hospital	San Diego	S. H. Oliver	1,978	13,273	..	1	...
U. S. Naval Hospital [1]	Bethesda, Md.	S. J. Rose	1,115	.....	..	2	...
U. S. Naval Hospital [1]	Philadelphia	F. Harbert	1,174	16,029	..	2	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	S. Kaplan	353	1,818	2	2	...
Veterans Admin. Hospital [1-3]	Los Angeles	C. S. Mumma	715	5,034	1	3	...
Veterans Admin. Hospital [1]	San Francisco	W. P. Work	355	1,830	1	3	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. G. Lee	189	1,188	1	1	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	L. A. Brown	209	.....	..	..	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. L. Lederer	623	421	..	4	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	N. E. Lacy	144	240	1	1	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	H. Oppenheim	216	174	1	1	...
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain), Mass.	E. H. Tomb	460	3,922	1	3	...
Veterans Admin. Hospital [1-3]	Minneapolis	H. V. Hanson	247	148	..	4	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	E. H. Lyman	9,740	.....	1	3	...
Veterans Admin. Hospital [1-3]	Brooklyn	G. G. Boyd	216	102	1	3	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	G. H. Bones	579	3,330	2	6	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	K. H. Hinderer	293	.....	1	3	...
Veterans Admin. Hospital [1-3]	Houston, Texas	T. A. Mazuda	690	385	1	2	...
Veterans Admin. Hospital [1-3-204]	Memphis, Tenn.	J. W. Morris	543	2,032	1	2	...
Veterans Admin. Hospital [1-3-270-271-279]	Dallas, Texas	H. H. Harris	343	421	1	2	...
Veterans Admin. Hospital [1]	Milwaukee	G. D. Straus	1,457	2,160	2	2	...
NONFEDERAL							
Los Angeles County Hospital [1]	Los Angeles	A. H. Miller	2,007	18,331	..	4	190
Los Angeles Eye and Ear Hospital [1-3]	Los Angeles	A. H. Miller	1,935	4,169	2	4	150
White Memorial Hospital [1-3]	Los Angeles	H. J. Hara	970	1,876	3	1	146.25
Stanford University Hospitals [1-3]	San Francisco	R. C. McNaught	629	7,275	..	2	50
University of California Hospital [1-3-30-40-41]	San Francisco	R. F. Morrison	487	6,068	..	2	87
University of Colorado Medical Center		.....	.....	.....	1	2	150
Colorado General Hospital [1-3-22]	Denver, Colo.	H. L. Hickey	256	4,159	..	..	...
Denver General Hospital [1-3-22]	Denver, Colo.	H. L. Hickey	194	39	..	..	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	J. Kirchner	830	4,476	1	2	50
Episcopal Eye, Ear and Throat Hospital [1]	Washington, D. C.	D. B. Moffett	4,910	18,168	2	6	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	S. Burtoff	385	2,875	1	2	...
Tampa Municipal Hospital [1-3]	Tampa, Fla.	J. B. Farrior	748	1,058	1	1	125
Grady Memorial Hospital [1-3]	Atlanta, Ga.	W. C. Warren	35	.....	1	3	50
Cook County Hospital [1-3]	Chicago	S. J. Pearlman	1,176	23,084	5	5	50
Illinois Eye and Ear Infirmary [1-3]	Chicago	F. L. Lederer	912	32,397	6	18	60
Presbyterian Hospital [1-3]	Chicago	S. A. Friedberg	693	2,682	1	1	125
University of Chicago Clinics [1-3]	Chicago	J. R. Lindsay	421	11,053	1	3	175
University of Illinois Research and Educational Hosps. [1-3-56]	Chicago	I. L. Lederer	459	10,855	1	2	60
Wesley Memorial Hospital [1-3-85]	Chicago	G. E. Shambaugh	916	2,918	1	3	50
Indianapolis General Hospital [1-3]	Indianapolis	D. Brown	595	4,768	1	2	150
Indiana University Medical Center [1]	Indianapolis	M. W. Manlon	419	2,741	1	3	150
University Hospitals [1-3]	Iowa City, Iowa	D. M. Lierle	2,031	4,301	4	10	75
University of Kansas Medical Center [1-3]	Kansas City, Kans.	O. Prood	653	4,780	..	3	125
University of Louisville Hospitals [1-3]	Louisville, Ky.	W. Wolfe	43	1,937	2	2	150
Charity Hospital of Louisiana							
Louisiana State University Unit [1-3]	New Orleans	G. J. Taquino	851	7,650	1	3	40
Tulane University Unit [1-3]	New Orleans	F. E. Lejeune	728	7,813	1	3	40
Eye, Ear, Nose and Throat Hospital [1-3]	New Orleans	W. Wagner	4,718	14,181	5	6	35
Baltimore Eye, Ear and Throat Charity Hospital [1-3]	Baltimore	F. Kyper	3,885	10,478	1	3	...
Johns Hopkins Hospital [1-3]	Baltimore	J. E. Bordley	1,216	8,617	..	5	...
University Hospital [1-3]	Baltimore	T. R. O'Rourk	477	2,122	1	2	50
Boston City Hospital [1-3]	Boston	J. R. Mills	2,817	15,820	3	6	112
Massachusetts Eye and Ear Infirmary [1-3-138]	Boston	L. A. Schall	2,332	18,148	9	9	41
University Hospital [1-3]	Ann Arbor, Mich.	A. C. Furstenberg	655	5,359	2	8	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	J. E. Croushore	346	5,508	1	2	234
Harper Hospital [1-3]	Detroit	W. Warren	4,078	2,720	1	3	225
Henry Ford Hospital [1-3]	Detroit	J. L. Dill	996	15,986	1	3	225
University of Minnesota Hospitals [1-9]	Minneapolis	L. R. Boies	252	3,979	2	4	150
Mayo Foundation [1-3]	Rochester, Minn.	H. L. Williams	1,449	22,277	3	9	150
Homer G. Phillips Hospital [1-3]	St. Louis	A. J. Cone	355	2,400	2	4	190
Washington University Hospitals							
Barnes Hospital [1-3-158-162]	St. Louis	T. Walsh	2,935	13,099	2	9	50
McMillan Hospital [1-3]	St. Louis	.....	.....	.....	..	..	...
St. Mary's Group of Hospitals [1-3]	St. Louis	B. J. McMahon	505	3,259	1	3	65
Medical Center—Jersey City Hospital [1-3]	Jersey City, N. J.	M. G. Borrone	757	5,391	1	3	66.75
Albany Hospital [1-3]	Albany, N. Y.	B. M. Volk	643	789	1	2	135
Brooklyn Eye and Ear Hospital [1-3]	Brooklyn	J. P. Baker	5,341	40,893	3	6	...
Kings County Hospital [1-3]	Brooklyn	J. Gilbert					
		E. Sunde	1,288	7,759	2	4	98
Long Island College Hospital [1-3]	Brooklyn	C. R. Weeth	822	3,873	1	3	75
Buffalo General Hospital [1-3-188]	Buffalo	H. E. Bozer	877	1,337	..	2	125
Bellevue Hospital Center, Division IV—							
New York University College of Medicine [1-3-208]	New York City	J. Daly	2,245	22,768	4	10	98
Manhattan Eye, Ear and Throat Hospital [1-3]	New York City	W. B. Allan	7,467	47,338	4	8	...
Mount Sinai Hospital [1-3]	New York City	R. Kramer	663	6,719	1	2	...
New York City Hospital [1-3]	New York City	O. C. Risch	343	5,358	1	3	150
New York Eye & Ear Infirmary [1-3]	New York City	J. S. Hanley	2,839	30,696	4	12	...
New York Hospital [1-3]	New York City	J. A. Moore	2,016	10,683	2	4	25
New York Polyclinic Medical School and Hosp. [1-3]	New York City	W. W. Morrison					
		R. Almour	1,147	17,109	1	2	...
Presbyterian Hospital [1-3]	New York City	E. P. Fowler	1,751	18,429	4	8	208.33

Numerical and other references will be found on pages 373 and 374.

16. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [a]	Total Residencies Offered [b]	Beginning Stipend (Month)
Roosevelt Hospital [1-3]	New York City	R. C. Grove	631	4,992	1	3	116
St. Luke's Hospital	New York City	V. C. McCuaig	800	8,339	1	3	60
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	C. A. Healy	1,066	2,860	..	2	41.66
State University of New York Medical Center [1-3-218]	Syracuse, N. Y.	G. D. Hoople	.....	.....	..	1	191.66
Duke Hospital [1-3-230]	Durham, N. C.	W. W. Eagle	523	2,717	3	8	25
McPherson Hospital [1-3-227-231]	Durham, N. C.	S. D. McPherson, Sr.	1,379	16,080	1	3	100
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	J. A. Harrill	332	1,391	1	3	41.66
Cincinnati General Hospital [1-3]	Cincinnati	H. Goodyear	547	4,487	1	2	...
Cleveland Clinic Hospital [1-3]	Cleveland	H. E. Harris	659	13,318	2	6	175
St. Luke's Hospital [1-3]	Cleveland	T. W. Thoburn	3,199	1,335	1	3	120
University Hospitals							
University Hospital [1-3-238]	Columbus, Ohio	E. W. Harris	318	1,986	..	5	150
University Hospitals [1-3]	Oklahoma City	O. A. Watson	240	1,068	1	1	50
University of Oregon Medical School Hospitals and Clinics [1-253]	Portland, Ore.	G. L. Boyden	538	3,834	1	3	85
George G. Geisinger Memorial Hospital [1-3]	Danville, Pa.	F. W. Davidson	944	9,193	..	3	100
Graduate Hospital of the University of Pa. [1-3-235]	Philadelphia	E. S. Campbell	1,536	2,355	1	2	200
Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. Schenck	1,428	5,205	..	8	...
Jefferson Medical College Hospital [1-3]	Philadelphia	L. H. Clerf					
		F. Harbert	1,729	10,922	3	3	25
Philadelphia General Hospital [1-3]	Philadelphia	L. K. Eliman	142	3,888	1	1	112.34
Temple University Hospital [1-3-25]	Philadelphia	M. S. Eisner	1,657	2,504	1	1	...
Pittsburgh Medical Center [1-3-261]	Pittsburgh	T. B. McCullough					
		K. M. Day	4,428	4,648	2	4	125
Rhode Island Hospital [1-3]	Providence, R. I.	F. B. Sargent	1,861	4,088	1	1	60
City of Memphis Hospitals [1-3]	Memphis, Tenn.	C. D. Blassingame	295	.....	1	2	35
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	J. M. Robison	857	7,879	1	3	...
Jefferson Davis Hospital [1]	Houston, Texas	H. H. Harris	224	7,729	..	2	50
University of Virginia Hospital [1-3]	Charlottesville, Va.	G. S. Fitz-Hugh	985	5,776	1	3	50
Medical College of Virginia, Hospital Division [1-3-252]	Richmond, Va.	P. N. Pastore	1,192	3,845	1	3	...
Gill Memorial Eye, Ear and Throat Hospital [1-3]	Roanoke, Va.	E. G. Gill	1,634	12,045	..	..	300
University Hospitals [1-3]	Madison, Wis.	W. M. Nesbit	682	.....	1	2	50
Milwaukee County Hospital [1-3]	Milwaukee	F. Bechmann	285	2,385	1	1	208.92

The following hospitals approved by the Council and the American Board of Otolaryngology offer training in otolaryngology of less than three years' duration, which is integrated with or contributory to a fully approved program.

Hospitals, 7; Assistant Residencies and Residencies, 7

FEDERAL

Veterans Admin. Hospital [1-3]	Portland, Ore.	G. L. Boyden	151	588	..	1	...

NONFEDERAL

Children's Hospital [1-3]	San Francisco	R. C. Martin	742	1,162	1	1	125
San Francisco Hospital	San Francisco						
Stanford University Service [1]		S. Von Christierson	204	.....	1	1	175
University of California Service [1]		L. F. Morrison	208	.....	..	1	175
Minneapolis General Hospital [1-3]	Minneapolis	R. E. Priest	130	2,141	..	1	169
Ancker Hospital [1-3]	St. Paul, Minn.	L. T. Simons	247	2,252	..	1	150
St. Louis Children's Hospital	St. Louis	.....	...	.....	..	..	...
St. Louis City Hospital [1-3]	St. Louis	E. Lyman	161	4,807	1	1	137.75

17. PATHOLOGY

The following services have been approved by the Council and the American Board of Pathology. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: a—pathologic anatomy only; c—clinical pathology only; p—pathologic anatomy and clinical pathology. Training in hospitals which are not so designated in this list will be evaluated by the Board on an individual basis at the time of application for certification.

Hospitals, 494; Assistant Residencies and Residencies, 1,639

FEDERAL

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [a]	Total Residencies Offered [b]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital [66]	San Francisco	K. F. Earnest	149	8,283	8,281	442,281	2	8	4p	...
Fitzsimons Army Hospital [66]	Denver, Colo.	C. Farinacci	269	8,296	8,296	665,431	2	8	4p	...
Armed Forces Institute of Pathology [1-66]	Washington, D. C.	H. F. Smetana	16,833	48,100	48,100	.....	..	20	1a	...
Army Medical Center [1-66-67]	Washington, D. C.	J. M. Blumberg	279	7,051	7,012	875,057	2	8	4p	...
Brooke Army Medical Center [66-209]	San Antonio, Texas	C. J. Lind	436	6,128	6,128	766,144	2	6	4p	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	H. V. O'Connell	207	5,750	5,750	322,787	..	2	4p	...
U. S. Naval Hospital [1]	San Diego, Calif.	.....	13,311	18,311	760,291	.....	..	2	4a	...
U. S. Naval Hospital [1]	Bethesda, Md.	E. E. Martens	208	6,576	6,576	318,730	..	3	4p	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	W. O. Umiker	122	7,753	6,744	249,366	..	2	3a	...
U. S. Naval Hospital [1]	Philadelphia	R. H. Walker	194	3,617	3,605	335,788	..	2	4p	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	New Orleans	L. L. Swan	358	3,162	2,829	145,290	1	4	4p	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	L. L. Ashburn	156	3,916	3,916	175,302	1	4	4p	...
National Institutes of Health—Clinical Center	Bethesda, Md.	R. Lillie	.....	.....	.....	.....	2	2	1a	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	G. F. Cameron	125	.....	.....	275,980	1	3	4p	...
U. S. Public Health Service Hospital [1]	Seattle, Wash.	T. L. Perrin	98	2,949	13,863	95,759	1	2	2p	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	B. E. Konwaler	433	3,377	6,034	186,441	5	5	4p	
Veterans Admin. Hospital [1-3]	Los Angeles, Calif.	L. Kaplan	769	6,165	6,165	696,322	3	10	4p	...
Veterans Admin. Hospital [1]	San Francisco	J. B. Frerichs								
		T. V. Feightmeir	193	3,161	.....	180,965	1	4	3p	...

Numerical and other references will be found on pages 373 and 374.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3]	Denver, Colo.	W. B. Dublin	219	1,516	1,474	90,428	1	1	3P	...
Veterans Admin. Hospital [1-24]	Newington, Conn.	R. Yesner	92	1,698	1,637	121,944	1	2	2P	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. S. Howe	207	1,445	1,445	103,276	1	4	2P	...
Veterans Admin. Hospital [1-3-5-73]	Coral Gables, Fla.	R. V. Thomson	248	2,409	2,380	111,707	1	4	4P	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	W. H. Sheldon	150	1,931	1,931	176,336	1	3	..	...
Veterans Admin. Hospital [1]	Hines, Ill.	W. L. McNamara	720	4,742	4,742	320,682	..	1	4P	...
Veterans Admin. Hospital	Indianapolis, Ind.	(See Indiana University Medical Center Hospitals, Indianapolis, Ind.)								
Veterans Admin. Hospital [1]	Des Moines, Iowa	T. E. Corcoran	175	2,072	2,072	154,496	1	4	3P	...
Veterans Admin. Hospital	Iowa City, Iowa	.....	.....	.....	.....	.....	..	..	4P	...
Veterans Admin. Hospital	Topeka, Kans.	.....	.....	.....	.....	.....	..	..	1P	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	M. L. Jones	257	2,182	1,750	170,538	2	4	4P	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	R. Gordon	194	2,146	2,137	103,255	1	3	4P	...
Veterans Admin. Hospital [1]	New Orleans, La.	J. Ziskind	143	2,151	2,141	183,077	1	2	3	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	W. B. VandeGrift	168	883	850	76,233	1	1	2P	...
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain), Mass.	J. O. Houghton	336	3,683	3,683	251,561	2	2	2P	...
Veterans Admin. Hospital [1-182]	Boston (West Roxbury), Mass.	F. J. Rogan	.....	.....	.....	.....	1	3	3P	...
Veterans Admin. Hospital [147]	Dearborn, Mich.	(See Wayne University Affiliated Hospitals)								
Veterans Admin. Hospital [1-3]	Minneapolis, Minn.	D. F. Gleason	291	5,480	5,185	336,513	..	4	4P	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	F. Leidler	237	2,676	2,184	180,049	..	4	4P	...
Veterans Admin. Hospital [1]	Albuquerque, N. Mex.	W. Hentel	124	1,186	1,159	194,285	1	1	1P	...
Veterans Admin. Hospital [1-3]	Albany, N. Y.	T. S. Beecher	172	2,112	2,112	188,859	2	6	3P	...
Veterans Admin. Hospital [1-3-145]	Brooklyn, N. Y.	M. Bovarnick	291	3,393	3,393	408,721	1	3	1P	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	Alfred Golden	184	2,275	2,444	271,262	..	2	2P	...
Veterans Admin. Hospital [1-3]	New York City	B. S. Gordon	397	5,196	5,196	481,302	3	7	3P	...
Veterans Admin. Hospital [1-3]	Oteen, N. C.	O. Kanner	100	1,513	1,504	346,742	1	1	1P	...
Veterans Admin. Hospital [1-3]	Cleveland, Ohio	J. R. Kline	241	3,787	3,451	336,682	..	4	4P	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	A. S. Thompson	289	2,791	5,225	245,345	1	4	2P	...
Veterans Admin. Hospital [1-200]	Aspinwall, Pa.	G. Brilmyer	241	1,622	1,622	285,630	2	6	4P	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	J. M. Young	273	4,441	4,047	329,161	2	4	3P	...
Veterans Admin. Hospital	Nashville, Tenn.	L. Auerbach	113	1,789	1,611	145,595	1	2	2P	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	L. Weiss	108	2,910	2,910	161,859	1	3	3P	...
Veterans Admin. Hospital [1-3]	Houston, Texas	B. Halpeat	294	2,101	1,831	264,408	..	4	4P	...
Veterans Admin. Hospital [1]	McKinney, Texas	B. E. McCain	166	1,897	1,897	111,969	2	5	2P	...
Veterans Admin. Hospital	Salt Lake City, Utah	O. N. Rambo, Jr.	116	1,013	797	101,364	1	2	2P	...
Veterans Admin. Hospital [1-3]	Richmond, Va.	J. R. Kriz	171	2,190	2,190	215,646	..	2	2P	...
Veterans Admin. Hospital [1-3]	Seattle, Wash.	D. V. Brown	176	1,291	1,147	74,136	1	3	1P	...
Veterans Admin. Hospital [1]	Milwaukee, Wis.	J. M. Lubitz	400	2,518	2,350	324,361	4	4	4P	...
		NONFEDERAL								
Baptist Hospital [1-3]	Birmingham, Ala.	A. E. Casey	145	7,869	7,869	307,987	1	4	4P	200
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	J. F. A. McManus	334	10,694	5,233	269,029	2	4	4*	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	W. F. Scott, Jr.	101	1,563	1,560	126,559	1	1	1P	225
City Hospital	Mobile, Ala.	I. M. Wise								
		E. B. Wert	198	2,090	4,180	74,776	2	6	3P	175
University Hospital [1]	Little Rock, Ark.	A. Nettleship	131	6,455	6,455	58,296	1	1	3*	120
Kern General Hospital [1-2]	Bakersfield, Calif.	R.W.Huntington,Jr.	304	2,823	2,514	196,286	1	3	4P	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. R. Fishback								
		P. Winquist	177	3,775	2,239	82,463	1	4	3P	100
Glendale Sanitarium & Hospital [1]	Glendale, Calif.	A. F. Brown	200	3,135	2,090	81,897	1	2	4P	161.50
Loma Linda Sanitarium & Hospital [1-2-25]	Loma Linda, Calif.	C. S. Small	200	3,600	3,400	70,000	3	8	4P	170
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	J. A. Tuta	113	5,696	4,496	171,477	1	1	3P	150
California Hospital [1-3]	Los Angeles	A. Wright	174	6,402	4,398	148,388	1	1	4P	175
Cedars of Lebanon Hospital [1-3]	Los Angeles	N. Friesman	264	6,148	6,062	179,561	1	4	4P	150
Children's Hospital [1-2]	Los Angeles	W. C. Thomas	193	649	378	116,043	3	3	1*	40
Hospital of the Good Samaritan	Los Angeles	L. J. Tragerman	144	5,808	3,879	136,158	1	2	4P	150
Los Angeles County Hospital [1]	Los Angeles	E. M. Butt	1,833	13,293	11,404	150,900	..	4	4P	190
Queen of Angels Hospital [1-3]	Los Angeles	A. R. Camero	305	5,516	4,703	147,754	..	1	3P	150
St. Vincent's Hospital	Los Angeles	.....	.....	.....	.....	.....	..	..	1P	...
White Memorial Hospital [1-3]	Los Angeles	O. B. Pratt	244	4,894	4,219	5,138	2	6	4P	146.25
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	R. J. Parsons	288	3,789	3,207	129,401	1	4	4P	...
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	M. Friedman	214	11,665	8,970	227,390	1	4	2*	...
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	A. G. Foord	240	8,210	6,923	90,655	1	4	4P	240
Sacramento County Hospital [1-3]	Sacramento, Calif.	K. E. Nolan	179	.....	.....	119,141	1	1	1*	...
San Bernardino County Charity Hospital	San Bernardino	J. D. Kirshbaum	265	4,514	4,016	97,132	1	1	2*	190
Mercy Hospital [1-3]	San Diego	D. A. DeSanto	183	6,616	6,165	72,993	1	4	4P	175
San Diego County General Hospital [1-3]	San Diego	K. Fowler	239	2,076	1,562	98,313	1	4	4P	150
Franklin Hospital [1-3]	San Francisco	J. L. Arr	97	4,114	2,653	44,068	1	2	2P	125
French Hospital [1-3]	San Francisco	G. A. Watson	81	2,740	1,847	78,214	2	2	2P	125
Mount Zion Hospital [1-3]	San Francisco	G. R. Biskind	212	4,861	4,826	112,645	2	4	4P	100
St. Luke's Hospital [1-3]	San Francisco	M. B. Black	105	4,241	2,459	82,313	..	2	2P	200
St. Francis Hospital	San Francisco	.....	.....	.....	.....	.....	..	..	2P	...
San Francisco Hospital	San Francisco	.....	.....	.....	.....	.....	..	..	3*	175
Stanford University Service [1]		A. J. Cox	259	1,218	1,219	.....	..	..	...	...
University of California Service [1]		J. W. Carr	259	1,569	1,569	.....	..	..	...	...
Stanford University Hospitals [1-3]	San Francisco	A. J. Cox	151	3,059	3,059	72,007	1	2	3*	50
University of California Hospital	San Francisco	J. F. Rinehart	137	4,309	4,309	85,000	..	4	3*	87
Santa Clara County Hospital [1]	San Jose, Calif.	D. L. Alcott	198	1,804	1,696	120,019	1	3	3P	260
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	E. L. Benjamin	166	3,390	2,516	46,084	1	3	2*	115
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	E. F. Geever	167	4,701	121,504	121,504	1	2	2P	200
Children's Hospital [1-3]	Denver	H. D. Palmer	117	341	321	113,841	1	3	4P	...
General Rose Memorial Hospital [1-3]	Denver	K. T. Neuhauser	122	5,260	3,378	72,101	1	1	1P	160
Presbyterian Hospital [1-3]	Denver	A. E. Lubeheneo	125	3,572	2,675	52,857	1	1	1*	...
St. Joseph's Hospital [1]	Denver	E. I. Dobos	171	4,832	.....	69,881	1	2	2P	150
St. Luke's Hospital [1-3]	Denver	W. C. Black	109	8,458	5,715	107,619	1	3	4P	150
University of Colorado Medical Center							4	10	...	150
Colorado General Hospital [1-3-22]	Denver	J. B. McNaught	260	2,695	2,692	132,514	..	..	4P	...
Denver General Hospital [1-3-23]	Denver	J. R. Kraft	658	1,911	1,911	160,993	..	..	4P	...
Colorado State Hospital [1-3]	Pueblo, Colo.	M. Gallavan	181	825	825	84,579	1	2	3P	275
Bridgeport Hospital [1-3]	Bridgeport, Conn.	I. B. Akerson	159	4,032	4,032	109,443	1	2	2*	125
Hartford Hospital [1-3]	Hartford, Conn.	R. E. Kendall	180	10,105	9,403	223,148	1	3	4P	50
St. Francis Hospital [1-3]	Hartford, Conn.	L. P. Hastings	212	5,668	5,291	187,134	2	4	4P	100
Middlesex Hospital [1-3]	Middletown, Conn.	C. E. McLeod	138	2,650	1,606	52,801	1	1	2P	100
New Britain General Hospital [1-3]	New Britain, Conn.	T. J. Madden	141	.....	.....	123,396	1	3	3P	130
Grace-New Haven Community Hospital [1-3]	New Haven	A. A. Liebow	344	7,076	7,089	164,800	1	4	3*	50
Hospital of St. Raphael [1]	New Haven	R. R. Nesbit	156	.....	.....	78,631	1	4	4P	100
Norwalk Hospital	Norwalk, Conn.	R. N. Barnett	125	2,485	2,485	95,491	2	2	3P	180
Stamford Hospital [1-3]	Stamford, Conn.	J. G. Snavely	153	2,947	2,772	150,145	4	4	4P	...

Numerical and other references will be found on pages 373 and 374.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Specimens Examined	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Course of Program (Years)	Beginning Stipend (Months)
St. Mary's Hospital [1-3]	Waterbury, Conn.	M. E. Cox	111	4,629	3,260	117,139	2	2	3P	150
Waterbury Hospital [1]	Waterbury, Conn.	J. O. Collins	230	3,924	3,521	161,928	1	3	4P	125
Delaware Hospital [1-3]	Wilmington, Del.	J. W. Howard	242	6,047	5,813	163,499	1	3	4P	180
Memorial Hospital [1-3]	Wilmington, Del.	J. W. Abbiss	161	3,251	3,251	77,225	1	2	2P	...
Wilmington General Hospital [1-3]	Wilmington, Del.	J. V. Casella	52	2,555	2,550	103,761	1	1	1P	250
Children's Hospital [1-3]	Washington, D. C.	E. C. Rice	128	660	231	116,840	1	2	2P	50
Doctors Hospital [1-3]	Washington, D. C.	O. B. Hunter	157	6,812	5,747	224,905	1	1	3P	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	D. Weiss	649	2,888	2,888	205,922	2	6	3	...
Garfield Memorial Hospital [1-3]	Washington, D. C.	E. C. Rice	148	2,914	1,714	70,430	1	3	4P	100
Georgetown University Hospital [1-3]	Washington, D. C.	C. F. Geschickter	197	3,398	3,398	261,060	6	12	4P	...
George Washington University Hospital [1-3]	Washington, D. C.	T. M. Peery	220	5,570	5,420	217,793	1	3	4P	130
Providence Hospital [1-3]	Washington, D. C.	H. H. Leffler	151	4,509	4,581	129,375	1	3	4P	200
Sibley Memorial Hospital [1-3]	Washington, D. C.	O. B. Hunter, Jr.	154	4,673	3,977	100,994	1	1	4P	200
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	C. Wells	106	4,019	3,086	77,041	1	1	1P	135
Jackson Memorial Hospital [1]	Miami, Fla.	P. R. Rezek	412	7,353	6,447	220,471	3	7	4P	75
Mount Sinai Hospital [1-3]	Miami Beach, Fla.	M. Lev	158	2,294	1,965	108,012	1	4	4P	...
St. Francis Hospital	Miami Beach, Fla.						..	..	1P	
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	D. Ayer	215	5,994	5,338	109,912	2	4	4P	87.50
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	J. Funke	88	3,725	3,725	47,210	1	1	2P	280
Grady Memorial Hospital [1-3]	Atlanta, Ga.	W. H. Shelton	554	8,128	26,147	214,934	5	10	4P	20
Piedmont Hospital	Atlanta, Ga.	W. Matthews	49	1,433	1,433	66,743	1	1	4P	160
University Hospital	Augusta, Ga.	E. Pund								
		W. L. Shepard	144	6,335	4,699	89,614	1	1	3	160
Emory University Hospital [1-3-72]	Emory University, Ga.	A. Golden	170	3,992	3,992	107,556	..	4	4P	170
Alexian Brothers Hospital [2]	Chicago	J. P. Simonds	133	.....	.....	66,796	1	1	1P	125
Augustana Hospital [1-3]	Chicago	G. Milles	196	3,591	3,268	73,832	1	2	4P	150
Children's Memorial Hospital [1-3]	Chicago	J. B. Bolen	96	1,103	1,103	74,703	..	2	1P	50
Cook County Hospital [1-3]	Chicago	H. Popper	1,193	9,030	7,221	340,471	4	4	4P	50
Englewood Hospital [3-92]	Chicago	G. T. Rich	82	1,556	1,545	58,193	1	1	1*	200
Grant Hospital [1-3]	Chicago	C. C. Mason	144	4,504	2,700	79,222	1	1	3P	...
Illinois Masonic Hospital [1-3]	Chicago	L. S. King	210	3,124	3,100	142,896	1	3	3P	85
Mercy Hospital [1-3]	Chicago	J. F. Sheehan	179	5,797	3,259	77,960	1	3	4P	100
Michael Reese Hospital [1-3]	Chicago	O. Saphir	480	6,984	6,984	514,926	2	7	4P	100
Mount Sinai Hospital [1-3]	Chicago	I. Davidsohn	235	6,218	4,459	278,891	1	4	4P	100
Norwegian American Hospital [1-3]	Chicago	A. Learner	74	2,894	1,981	68,125	1	1	1P	200
Passavant Memorial Hospital [1-3]	Chicago	M. Wheelock								
		W. Wartman	137	3,478	3,478	137	2	4	4P	...
Presbyterian Hospital [1-3]	Chicago	G. M. Hass	211	4,416	4,416	194,198	2	4	4P	125
Provident Hospital [1-3]	Chicago	J. E. Bowman	100	2,058	1,930	71,337	1	2	1P	200
Ravenswood Hospital [1-3]	Chicago	L. A. Ferraro	187	2,376	2,376	76,973	1	3	2P	100
St. Joseph Hospital [1-3]	Chicago	G. Stevenson	84	1,716	1,695	60,371	1	4	2P	200
St. Luke's Hospital [1-3]	Chicago	E. F. Hirsch	273	7,440	5,952	307,177	2	6	4P	50
St. Mary of Nazareth Hospital	Chicago	E. W. Thurston	139	3,312	2,514	164,450	1	1	2*	150
University of Chicago Clinics [1-3]	Chicago	P. R. Cannon	289	5,093	5,093	393,360	1	3	4P	175
University of Illinois Research and Educational Hospitals [1-3]	Chicago	G. A. Bennett	211	5,396	5,396	327,777	4	6	4P	60
Wesley Memorial Hospital [1-3]	Chicago	T. C. Lalipoly	232	5,454	5,454	239,635	1	4	4P	50
Evanston Hospital [1-3]	Evanston, Ill.	H. G. Davis, Jr.	271	4,012	2,925	158,210	1	3	4P	50
St. Francis Hospital [1-3]	Evanston, Ill.	J. W. Henry	231	5,020	3,746	161,541	1	3	3P	150
Methodist Hospital of Central Illinois [1-3]	Peoria, Ill.	D. O. Manshardt	81	.....	.....	64,110	1	1	2P	175
St. Francis Hospital [1-3]	Peoria, Ill.	J. R. Kraft	212	5,568	4,471	123,150	1	4	4P	...
St. Anthony Hospital [1-3]	Rockford, Ill.	A. R. K. Matthews	112	3,479	3,329	96,159	1	3	3P	200
St. Joseph Hospital [1-3-100]	Fort Wayne, Ind.	S. M. Rabson	196	3,874	3,333	96,225	1	4	4P	455
Indianapolis General Hospital [1]	Indianapolis	W. L. Drake	296	2,723	2,692	142,858	1	3	3	210
Indiana University Medical Center Hospitals										
Indiana University Medical Center [1]	Indianapolis	E. B. Smith	392	4,096	4,096	205,935	4	9	4P	175
Veterans Admin. Hospital [1]	Indianapolis, Ind.	D. Rosenbaum	237	1,575	1,575	127,632	3	3	3P	...
Methodist Hospital [1-3]	Indianapolis	H. M. Banks	233	12,761	8,763	432,772	1	3	4P	...
St. Vincent's Hospital [1]	Indianapolis	L. N. Foster	194	5,722	3,496	83,573	1	2	4P	250
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	J. M. M. Fadden	142	5,745	2,759	116,477	1	3	3P	200
Ball Memorial Hospital [1-3]	Muncie, Ind.	L. G. Montgomery	112	5,696	4,776	172,758	3	3	4P	150
South Bend Medical Foundation Hospitals [1]	South Bend, Ind.	C. S. Culbertson	366	9,110	8,732	237,763	1	4	4P	300
Elkhart General Hospital	Elkhart, Ind.	.....	...	.....	.....	.....	..	..	..	...
St. Joseph Hospital	Mishawaka, Ind.	.....	...	.....	.....	.....	..	..	..	...
Memorial Hospital	South Bend, Ind.	.....	...	.....	.....	.....	..	..	..	...
St. Joseph Hospital	South Bend, Ind.	.....	...	.....	.....	.....	..	..	..	...
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	R. C. Dunn	159	3,788	3,676	128,270	1	2	2*	100
Mercy Hospital [1-3]	Des Moines, Iowa	F. C. Coleman	182	3,331	3,331	109,420	1	4	4P	300
University Hospitals [1-3]	Iowa City, Iowa	E. D. Warner	349	6,833	6,833	91,162	1	3	3P	200
University of Kansas Medical Center [1-3]	Kansas City, Kans.	R. Stowell	422	4,415	4,410	428,869	3	10	4P	125
St. Francis Hospital [1-3]	Wichita, Kans.	W. P. Callahan	227	9,126	7,984	141,476	1	4	4P	250
Louisville General Hospital [1-3]	Louisville, Ky.	A. J. Miller	385	2,543	2,363	197,281	1	3	3	150
Baton Rouge General Hospital [1]	Baton Rouge, La.	S. H. Colvin								
		W. S. Randall	59	3,448	3,448	105,961	1	1	1*	300
Charity Hospital of Louisiana [1-3]	New Orleans	E. Moss	1,451	12,179	12,179	675,770	3	12	4P	40
Hotel Dieu Sisters' Hospital [1]	New Orleans	R. M. Hartwell	97	7,481	7,481	175,049	1	3	4P	200
Southern Baptist Hospital [1]	New Orleans	E. H. Lawson	132	9,335	9,335	348,656	1	4	4P	225
Touro Infirmary [1]	New Orleans	A. J. Hertzog	209	17,655	11,539	251,107	1	3	4P	35
Confederate Memorial Medical Center [1]	Shreveport, La.	W. R. Mathews	231	4,869	4,869	188,316	1	4	2*	...
Eastern Maine General Hospital [1-3]	Bangor, Maine	R. C. Wadsworth	121	5,424	4,917	123,337	1	2	4P	100
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Branch	204	6,386	6,386	75,907	1	1	4P	150
Maine General Hospital [1-3]	Portland, Maine	J. E. Porter	295	5,086	4,781	138,139	3	3	4P	100
Baltimore City Hospitals [1-3]	Baltimore	H. W. Keschner	334	1,163	1,163	110,000	1	3	3*	75
Johns Hopkins Hospital [1-3]	Baltimore	A. R. Rich	333	5,485	5,485	.....	..	4	3*	...
Mercy Hospital	Baltimore	.....	...	.....	.....	.....	..	..	1*	...
Sinai Hospital [1-3]	Baltimore	.....	185	7,636	7,636	253,349	2	6	4P	85
Union Memorial Hospital [1-3]	Baltimore	W. C. Meckel	187	2,954	2,930	122,399	1	2	4P	65
Memorial Hospital [1-3-127]	Cumberland, Md.	B. Skitarelic	93	3,246	3,246	111,643	1	2	2*	100
Beverly Hospital [1-3]	Beverly, Mass.	D. E. Brown	118	1,478	1,478	73,560	1	1	4P	100
Beth Israel Hospital [1-3]	Boston	M. J. Schlesinger	193	3,762	3,757	157,700	2	3	4P	41.82
Boston City Hospital [1-3]	Boston	G. K. Mallory	930	5,693	5,693	108,197	7	13	4P	112
Boston Lying-In Hospital [1-3-141]	Boston	D. G. McKay	93	2,333	2,333	11,124	1	2	1P	25
Children's Medical Center [1-3]	Boston	S. Farber	368	1,494	1,494	91,372	..	2	1*	50
Faulkner Hospital [1-3]	Boston	P. M. LeCompte	116	2,627	2,100	57,606	..	1	1*	162
Massachusetts General Hospital [1-3]	Boston	B. Castleman	473	7,865	7,865	8,875	3	9	4P	100
Massachusetts Memorial Hospitals [1-3]	Boston	R. Osgood	144	2,443	2,431	.....	2	3	2*	50
New England Deaconess Hospital [1-3]	Boston	S. Warren	209	7,472	7,472	177,466	2	7	4P	135
Peter Bent Brigham Hospital [1-3]	Boston	G. J. Dammin	269	2,592	2,592	78,049	2	5	3	25
St. Elizabeth's Hospital [1-3]	Boston	J. H. Graham	135	4,341	4,017	106,224	1	1	1*	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	R. Z. Schulz	114	1,239	1,239	50,497	1	1	1	125

Numerical and other references will be found on pages 373 and 374.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Months)
Mount Auburn Hospital [1-3]	Cambridge, Mass.	H. E. MacMahon	112	2,719	2,719	80,592	..	1	1	115
Burbank Hospital [1]	Fitchburg, Mass.	H. J. Sparling, Jr.	75	2,293	2,293	49,141	1	1	1[p]	250
Framingham Union Hospital [1-3]	Framingham, Mass.	C. G. Tedeschi	36	3,421	3,346	38,192	1	2	2[a]	....
Lawrence General Hospital [1-3]	Lawrence, Mass.	L. S. Jolliffe	128	1,425	1,425	76,652	1	3	3[p]	125
Lynn Hospital [1-3]	Lynn, Mass.	H. Olken	127	.....	3,926	108,088	..	2	1[p]	150
Malden Hospital [1-3]	Malden, Mass.	M. V. MacKenzie	79	2,311	2,301	70,212	..	2	1[a]	100
St. Luke's Hospital [1-3]	New Bedford, Mass.	V. Klarsis	117	4,104	2,900	148,027	1	3	2[a]	200
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	D. Skinner	124	3,695	3,581	90,777	1	2	2[p]	170
Quincy City Hospital [1-3]	Quincy, Mass.	R. B. Street, Jr.	130	2,023	2,008	87,251	2	3	2[p]	150
Salem Hospital [1-3]	Salem, Mass.	D. A. Nickerson	223	6,030	6,030	88,154	1	4	4[p]	125
Springfield Hospital [1-3]	Springfield, Mass.	W. Kaufmann	148	4,526	4,526	88,222	1	4	2[a]	75
Pondville Hospital	Walpole, Mass.	S. Warren	109	1,865	1,865	35,807	..	2	1[a]	490
Memorial Hospital [1-3]	Worcester, Mass.	R. C. Sniffen	110	.....	.....	59,232	1	1	2[p]	200
Worcester City Hospital [1-3]	Worcester, Mass.	F. Fite	304	6,175	6,175	113,514	1	3	3[p]	215
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	S. C. Howard	124	38,093	38,093	115,041	1	2	2[a]	200
University Hospital [1-3]	Ann Arbor, Mich.	G. V. Weller	448	8,614	8,614	.....	2	10	3	134.16
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	A. A. Humphrey	110	2,586	2,446	72,327	1	1	3[p]	275
Detroit Memorial Hospital [1-3]	Detroit	H. J. Linn	135	.....	.....	83,475	1	1	4[p]	225
Grace Hospital [1-3]	Detroit	C. I. Owen	282	9,318	9,318	222,344	1	2	3[p]	225
Harper Hospital [1-3]	Detroit	P. F. Morse	279	7,281	7,281	253,219	1	3	4[p]	225
Henry Ford Hospital [1-3]	Detroit	F. W. Hartman	388	8,451	8,451	426,894	3	8	4[p]	225
Mount Carmel Mercy Hospital [1]	Detroit	L. W. Gardner	244	7,891	7,891	214,759	1	4	4[p]	225
Providence Hospital [1-3]	Detroit	D. H. Kaump	266	4,452	4,452	171,700	1	4	4[p]	250
Wayne University Affiliated Hospitals										
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	M. W. Wilson	255	2,690	2,690	214,387	1	4	4[p]	....
City of Detroit Receiving Hospital [1-3]	Detroit	P. C. Martineau	199	1,157	1,157	1,053,770	1	2	4[p]	456
Herman Kiefer Hospital [1-3]	Detroit	O. A. Brines	664	4,359	4,359	300,030	2	8	1[p]	254
Woman's Hospital [1-3]	Detroit	D. C. Beaver	80	16,357	15,234	114,758	1	2	2[a]	250
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	S. E. Gould	492	4,317	.....	225,424	1	2	4[p]	278.35
Hurley Hospital [1]	Flint, Mich.	G. R. Backus								
		R. J. Jernstad	202	4,727	3,884	170,450	1	1	4[p]	300
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	C. A. Payne	174	5,458	5,458	101,995	1	2	2[p]	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	G. T. Schloss	132	6,141	4,947	119,759	1	3	2[a]	225
Edward W. Sparrow Hospital [1]	Lansing, Mich.	C. E. Black	198	4,032	4,032	98,966	1	3	3[p]	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. V. Bucklin	175	2,333	2,497	78,190	1	1	2[p]	329
St. Luke's Hospital [1-3]	Duluth, Minn.	A. H. Wells	318	.....	.....	300,765	4	16	4[p]	200
St. Mary's Hospital [1-3]	Duluth, Minn.	W. V. Knoll	226	3,259	3,090	239,629	1	2	4[p]	215
Minneapolis General Hospital [1-3]	Minneapolis	J. I. Coe	314	2,796	2,022	392,927	1	2	3[a]	169
Northwestern Hospital [1-3]	Minneapolis	F. B. Lorr	139	4,366	3,648	88,288	..	1	1[p]	200
St. Barnabas Hospital [1-3]	Minneapolis	N. H. Lufkin	158	3,202	2,655	102,733	1	1	2[a]	175
Swedish Hospital [1-3]	Minneapolis	A. Jay	158	4,885	3,889	92,431	1	1	3[p]	200
University of Minnesota Hospitals [1-3]	Minneapolis	J. Dawson	363	5,414	5,305	411,344	..	6	4[p]	150
Mayo Foundation [1-3]	Rochester, Minn.	J. W. Kernohan	846	25,954	25,497	801,242	6	18	4[p]	150
Ancker Hospital [1-3]	St. Paul	J. F. Noble	379	1,523	1,370	183,405	1	1	1[a]	150
Charles T. Miller Hospital [1-3-156]	St. Paul	K. Ikeda	126	4,830	4,570	132,910	1	1	4[p]	150
St. Joseph's Hospital [1-3]	St. Paul	E. M. James	165	4,375	4,069	100,891	2	2	2[p]	150
St. Louis County Hospital [1-3]	Clayton, Mo.	H. Allen	146	1,366	1,057	105,334	..	1	3	275
Kansas City General Hospital No. 1	Kansas City, Mo.	W. B. Buhler	429	2,468	1,975	449,995	1	1	4[p]	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	H. Cohen	127	4,310	3,404	106,389	1	3	3[p]	154.50
Research Hospital [1-3]	Kansas City, Mo.	H. K. B. Allebach	160	4,472	4,276	156,279	1	3	4[p]	175
St. Joseph Hospital [2]	Kansas City, Mo.	R. W. Kerr	150	6,447	4,937	209,404	1	4	3[a]	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	F. C. Helwig	209	10,409	9,268	108,118	2	5	4[p]	175
St. Mary's Hospital [1-3]	Kansas City, Mo.	A. Lapp	145	4,518	4,057	129,090	1	1	2[a]	200
Barnes Hospital [1-3]	St. Louis	R. A. Moore	540	6,896	6,896	461,209	2	13	4[p]	50
Homer G. Phillips Hospital [1-3]	St. Louis	J. A. Saxton	208	2,849	2,560	165,519	2	6	2[p]	100
Jewish Hospital [1-3-4]	St. Louis	H. T. Blumenthal	176	4,140	3,420	157,393	1	4	4[p]	100
Missouri Baptist Hospital [1-3]	St. Louis	W. R. Platt	95	.....	.....	.....	1	2	2[p]	....
St. Louis City Hospital [1-3]	St. Louis	J. Saxton	561	3,133	7,621	221,696	4	7	4[p]	137.75
St. Mary's Group of Hospitals [1-3]	St. Louis	H. Pinkerton	283	7,956	6,443	361,482	2	8	3	200
Montana Deaconess Hospital	Great Falls, Mont.	E. Hillebrand	56,593	2,431	2,393	107	1	1	2[p]	200
Lincoln General Hospital [1-3-158]	Lincoln, Neb.	F. Tanner	93	.....	.....	63,608	1	1	1[p]	200
Bishop Clarkson Memorial Hospital	Omaha	.....	...	.....	.....	.....	..	..	3[p]	....
Creighton Memorial St. Joseph's Hospital [1]	Omaha	B. C. Russum	162	16,036	14,754	168,656	2	4	4[p]	150
Nebraska Methodist Hospital [1-3]	Omaha	J. R. Schenken	177	5,202	5,202	52,410	1	4	4[p]	250
University of Nebraska Hospital [1-3]	Omaha	J. P. Tollman	128	4,829	4,609	94,133	2	6	4[p]	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Miller	125	3,277	3,019	132,550	1	4	4[p]	170
Elliott Hospital [1]	Manchester, N. H.	S. M. Brooks	90	2,477	1,658	37,467	1	1[p]	1[p]	....
Atlantic City Hospital [1]	Atlantic City, N. J.	M. Ackerman	150	2,142	2,142	54,156	1	1	2[p]	150
Cooper Hospital [1-3]	Camden, N. J.	W. T. Read	253	3,230	3,215	171,352	1	3	4[p]	200
West Jersey Hospital [1-3]	Camden, N. J.	A. S. Conston	182	5,154	5,154	122,896	..	2	2[a]	200
Medical Center Jersey City Hospital [1-3]	Jersey City, N. J.	A. Ginassi	194	4,959	4,959	277,635	2	3	2[p]	100
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	A. Yamada	113	3,148	4,260	98,357	1	1	3[p]	200
Mountainside Hospital [1-3]	Montclair, N. J.	J. L. Work	178	4,208	4,203	133,706	1	2	3[p]	175
Morristown Memorial Hospital	Morristown, N. J.	.....	...	.....	.....	.....	..	..	2[a]	....
Burlington County Hospital [1-3]	Mt. Holly, N. J.	J. T. Bauer	84	1,024	1,024	33,552	1	1	1[a]	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	W. G. Bernhard	114	2,727	2,276	78,863	2	5	2[p]	100
Newark Beth Israel Hospital [1-3]	Newark, N. J.	L. Goldman	237	4,397	4,261	66,185	1	4	4[p]	75
Newark City Hospital [1-3]	Newark, N. J.	H. S. Martland	364	1,785	2,961	216,462	2	6	3[a]	115
Presbyterian Hospital [1-3]	Newark, N. J.	S. A. Goldberg	99	9,674	4,104	108,259	1	1	2[p]	125
St. Michael's Hospital [1-3]	Newark, N. J.	S. J. Rose	154	4,178	4,178	149,343	1	2	4[p]	....
Orange Memorial Hospital [1-3]	Orange, N. J.	A. R. Abel	166	2,794	2,794	88,371	1	1	2[p]	120
Passaic General Hospital [1-3]	Passaic, N. J.	J. R. Gannon	105	2,518	2,155	76,798	1	3	3[p]	150
St. Mary Hospital	Passaic, N. J.	.....	...	.....	.....	.....	..	..	2[p]	....
Paterson General Hospital [1-3]	Paterson, N. J.	A. H. Davis	130	5,220	4,417	75,096	1	2	2[p]	100
St. Joseph Hospital [1-3]	Paterson, N. J.	G. B. Kim	165	.....	.....	84,825	1	1	3[p]	150
Muhlenberg Hospital [1-3]	Plainfield, N. J.	C. G. Darlington H. Hansen	123	3,230	3,000	78,303	1	1	1[p]	200
Mercer Hospital [1-3-157]	Trenton, N. J.	T. K. Rathmell	124	1,773	1,709	93,510	2	6	4[p]	150
Albany Hospital [1-3]	Albany, N. Y.	A. W. Wright	276	7,461	7,461	220,056	1	4	3[p]	135
Bender Laboratory Hospitals [1-3]	Albany, N. Y.	J. J. Clemmer	209	8,608	8,608	343,000	2	5	3	300
Anthony N. Brady Maternity Home	Albany, N. Y.	.....	...	.....	.....	.....	..	..	..	....
Memorial Hospital	Albany, N. Y.	.....	...	.....	.....	.....	..	..	..	....
St. Peter's Hospital	Albany, N. Y.	.....	...	.....	.....	.....	..	..	..	....
Binghamton City Hospital [1-3]	Binghamton, N. Y.	J. S. Grewal	190	3,441	2,998	109,555	1	2	4[p]	150
Beth-El Hospital [1-3-181]	Brooklyn	P. Gruenwald	119	3,501	3,491	205,635	2	6	4[p]	100
Brooklyn Hospital [1-3]	Brooklyn	J. A. de Veer	149	4,025	4,025	137,505	1	3	4[p]	100
Coney Island Hospital [1-3]	Brooklyn	H. Fink	144	1,357	1,357	200,000	2	5	4[p]	98.30
Cumberland Hospital [1-3]	Brooklyn	S. H. Polayes	109	1,681	2,302	180,923	1	2	4[p]	99
Greenpoint Hospital [1-3]	Brooklyn	R. Aronoff	122	5,748	5,748	260,062	1	2	3[p]	....

Numerical and other references will be found on pages 373 and 374.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Jewish Hospital [1-8]	Brooklyn	D. Grayzel	270	6,768	10,487	159,200	3	4	4[p]	75
Kings County Hospital [1-3]	Brooklyn	H. Siegel	1,068	14,705	14,705	903,591	5	10	3	98
Long Island College Hospital [1-3]	Brooklyn	T. G. Morrione	126	3,357	3,968	129,362	1	4	4[p]	75
Maimonides Hospital [1-3]	Brooklyn	A. R. Kantrowitz	178	4,459	4,459	229,124	2	5	3[p]	75
Methodist Hospital [1-3]	Brooklyn	B. S. Herr, Jr.	104	3,352	3,346	105,584	1	3	3[p]	75
Norwegian Lutheran Deaconesses' Home and Hospital [1-3]	Brooklyn	E. S. Wedding	127	2,059	2,059	70,000	1	2	1[p]	100
St. Catherine's Hospital [1-3]	Brooklyn	M. Wachsteen	125	1,600	1,600	98,543	1	2	2[p]	125
St. Mary's Hospital [1-3]	Brooklyn	W. Mohrfier	62	2,101	2,101	46,097	1	1	1[p]	175
Buffalo General Hospital [1-3]	Buffalo	K. L. Terplan	341	5,475	5,044	5,475	..	2	3	125
Deaconess Hospital [1-3]	Buffalo	S. Tannhauser	91	9,223	8,135	80,414	1	1	3[p]	175
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. Sanes	434	3,800	1,338	311,812	1	3	2[a]	179
Millard Fillmore Hospital [1-3]	Buffalo	A. V. Postoloff	274	6,522	6,522	250,646	1	1	3[a]	255
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	J. T. Curphey	149	3,025	2,825	105,332	1	2	3[p]	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	M. Bevilacqua	389	2,397	1,778	180,965	2	6	4[p]	225
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	A. Angrist	92	3,053	2,590	116,121	1	2	2[p]	116
Queens General Hospital [1-3]	Jamaica, N. Y.	A. Nosinski	679	3,219	3,219	341,764	1	2	4[p]	98.33
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	J. Werne	179	5,703	3,196	142,254	1	4	4[p]	175
Long Island City Hospital [1-3]	Long Island, N. Y.	F. A. Inda	109	919	919	51,647	1	2	3[a,]1[p]	150
Nassau Hospital [1-3]	Mineola, N. Y.	J. G. Sharnoff	106	8,108	3,703	70,748	1	2	1[p]	...
Mount Vernon Hospital [3]	Mt. Vernon, N. Y.	W. C. Schraft	114	4,460	4,460	82,263	1	1	3[p]	200
New Rochelle Hospital [3]	New Rochelle, N. Y.		130	5,878	5,878	107,055	1	1	1[p]	125
Bellevue Hospital Center										
Division III—New York Univ. College of Medicine [1-3]	New York City	S. L. Wilens	772	6,700	6,700	1,112,294	..	2	4[p]	98
Beth Israel Hospital [1-3]	New York City	W. Antopol	110	4,228	4,228	161,365	2	2	4[p]	75
Bronx Hospital [1-3]	New York City	J. Felsen	73	5,031	5,741	101,898	1	3	2[p]	100
Doctors Hospital [1-3]	New York City	J. R. Lisa	60	6,075	5,818	74,884	1	1	1[a]	200
Flower and Fifth Avenue Hospitals [1-3]	New York City	F. D. Speer	147	5,408	3,903	168,222	1	2	3[p]	...
Fordham Hospital [1-3]	New York City	L. J. Millman	211	2,917	2,917	177,649	3	3	2[a]	98.33
Goldwater Memorial Hospital [1-3]	New York City	J. Rosenthal	134	2,940	2,940	125,169	2	4	3[p]	98
Harlem Hospital [1-3]	New York City	V. Dolgopol	245	21,161	21,161	315,846	1	3	4[p]	98.32
Hospital for Joint Diseases [1-3]	New York City	H. L. Jaffe	93	2,588	2,588	87,540	2	2	1[a]	70
Jewish Memorial Hospital [1-3]	New York City	A. Angrist	59	2,192	2,192	90,839	1	1	1[p]	150
Lebanon Hospital [1-3]	New York City	J. C. Ehrlich	94	3,339	3,339	100,289	2	2	2[p]	100
Lenox Hill Hospital [1-3]	New York City	G. L. Rohdenburg	118	4,957	4,955	122,959	1	1	1[a]	180
Lincoln Hospital [1-3]	New York City	H. Lepow	162	2,325	2,325	134,761	1	2	3	...
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	F. Stewart	1,205	20,971	20,971	20,971	..	10	3[a]	300
Metropolitan Hospital [1-3]	New York City	A. Sala	304	2,148	2,148	271,255	1	2	2[a]	98
Montefiore Hospital [1-3]	New York City	H. M. Zimmerman	332	3,400	3,400	109,887	3	6	3[p]	60
Morrisania City Hospital [1-3]	New York City	W. Aronson	221	4,217	3,624	503,487	1	2	4[p]	98
Mount Sinai Hospital [1-3]	New York City	G. Shwartzman								
		P. Klemperer	349	7,633	7,633	265,590	7	17	3[a]	...
New York City Hospital [1-3]	New York City	L. H. Sophian	213	971	770	146,797	1	4	4[p]	150
New York Hospital [1-3]	New York City	J. Kidd	371	7,057	6,417	443,080	2	5	4[p]	25
New York Polyclinic Hospital [1-3]	New York City	D. J. DiMaio	86	7,063	7,063	50,245	1	4	2[p]	...
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)								
University Hospital [1-3]	New York City	M. N. Richter	166	5,860	4,936	16,514	1	2	4[p]	85
Presbyterian Hospital [1-3]	New York City	H. P. Smith	531	5,956	5,956	5,956	2	4	3[a]	208.33
Roosevelt Hospital [1-3]	New York City	W. W. Brandes	129	11,822	9,384	163,167	2	2	2[a]	116
St. Barnabas Hospital for Chronic Diseases [1-3-223]	New York City	H. K. Russell	161	1,036	1,036	60,617	1	2	2[a]	125
St. Clare's Hospital [1-3]	New York City	J. M. Ravid	88	2,846	2,846	67,678	1	2	1[p]	50
St. Luke's Hospital [1-3]	New York City	B. E. Clarke	198	3,326	3,326	190,919	1	4	4[p]	60
St. Vincent's Hospital	New York City	A. Rottino	334	3,729	3,729	186,123	1	4	2[a]	50
Willard Parker Hospital [1-3]	New York City	V. B. Dolgopol	18	148	148	163,189	1	1	1	150
United Hospital	Port Chester, N. Y.	J. M. Loder	89	2,293	2,245	81,715	1	2	1[p]	200
Genesee Hospital [1-3]	Rochester, N. Y.	F. McKee	168	4,093	4,036	153,160	1	2	4[p]	75
Rochester General Hospital [1-3]	Rochester, N. Y.	M. G. Bohrod	297	6,193	4,335	128,114	4	12	4[p]	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	J. Adler	177	6,429	3,016	108,451	2	3	3[p]	200
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	G. H. Whipple	623	5,088	5,088	92,588	4	5	3[p]	41.66
Seaman's Hospital	Staten Island, N. Y.		.....	.....	.....	.....	...	...	1[a]	...
Ellis Hospital [1]	Schnectady, N. Y.	E. Kellert	219	3,452	.....	216,265	1	3	3[p]	...
St. Joseph's Hospital [1]	Syracuse, N. Y.	H. J. Dick	83	.....	.....	110,854	1	1	1[p]	...
State University of New York Medical Center [1-3]	Syracuse, N. Y.	H. J. Ferguson	702	7,983	7,983	7,983	..	4	2[a]	191.66
Samaritan Hospital [1]	Troy, N. Y.	G. C. Burtt	109	2,309	1,764	47,617	1	1	1[a]	265
Grasslands Hospital [1-3]	Valhalla, N. Y.	D. M. Spain	223	1,761	1,761	113,730	1	2	4[p]	125
North Carolina Memorial Hospital	Chapel Hill, N. C.	.....	.....	.....	.....	.....	..	..	4[p]	...
Charlotte Memorial Hospital	Charlotte, N. C.	P. Kimmelstiel	151	6,846	6,666	163,173	3	5	4[p]	150
Duke Hospital [1-3]	Durham, N. C.	W. D. Forbus	370	9,601	9,601	492,864	2	6	4[p]	41.33
Watts Hospital	Durham, N. C.	J. U. Gunter	85	4,497	2,794	138,068	..	1	1[a]	150
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. P. Morehead	171	30,494	3,991	259,381	1	4	4[p]	41.66
City Hospital [1-3]	Akron, Ohio	L. Catron	265	6,856	.....	9,106	1	3	2[p]	250
Peoples Hospital [1-3]	Akron, Ohio	G. R. Dochat	136	4,945	3,481	172,405	..	1	2[p]	250
Aultman Hospital	Canton, Ohio	H. G. Henderson	253	3,209	3,209	197,471	1	3	4[p]	225
Bethesda Hospital [1-3]	Cincinnati	J. B. Hamblet	307	3,875	3,188	42,872	3	3	3[p]	200
Christ Hospital [1]	Cincinnati	J. W. Leichliter	159	4,220	4,117	141,398	1	1	1[a]	200
Cincinnati General Hospital [1-8]	Cincinnati	E. A. Gall	608	3,633	3,615	117,909	4	6	4[p]	...
Good Samaritan Hospital [1-3]	Cincinnati	W. T. Collins	244	4,582	4,162	9,478	1	3	2[a]	175
Jewish Hospital [1-3]	Cincinnati	P. Wasserman	307	5,083	5,792	174,196	1	2	4[p]	145
City Hospital [1-3]	Cleveland	T. Kinney	409	2,627	2,627	271,218	..	..	4[p]	90
Cleveland Clinic Hospital [1-3]	Cleveland	J. B. Hazard	177	8,246	7,375	479,834	2	7	4[p]	175
Lutheran Hospital [1-3]	Cleveland	W. Sin-lair	111	2,726	2,726	72,911	1	1	1[a]	162.50
Mount Sinai Hospital [1-3]	Cleveland	H. Gold	199	5,315	5,309	396,883	..	2	4[p]	...
Saint Luke's Hospital [1-3]	Cleveland	R. Domitrovic	203	5,222	5,021	210,643	1	4	4[p]	120
St. Vincent Charity Hospital [1]	Cleveland	P. W. Graff	72	3,252	3,252	100,127	2	4	1[p]	...
University Hospitals [1-3]	Cleveland	A. R. Moritz	519	9,091	9,091	125,599	3	7	4[p]	25
Children's Hospital	Columbus, Ohio	W. Newton	173	616	616	68,590	..	..	2[p]	...
Grant Hospital [1-3-16]	Columbus, Ohio	R. E. Wybel	166	3,979	2,731	64,165	2	3	1[a]	250
University Hospitals										
University Hospital [1-3]	Columbus, Ohio	E. von Haam	352	7,831	7,831	285,513	2	8	4[p]	150
White Cross Hospital [1-3]	Columbus, Ohio	F. Dick	113	12,766	14,639	263,181	1	2	4[p]	...
Miami Valley Hospital [1-3]	Dayton, Ohio	M. Oosting	352	9,969	9,969	201,804	1	3	4[p]	210
Huron Road Hospital [1-3]	East Cleveland, Ohio	E. Goodsitt	177	4,817	4,817	143,652	1	1	4[p]	210
Mercy Hospital [1-3]	Hamilton, Ohio	K. E. Lande	144	1,497	1,497	101,701	1	1	1[a]	150
St. Rita's Hospital [1-3]	Lima, Ohio	C. L. Blumstein	199	3,279	2,612	115,130	1	1	4[p]	175
Mercy Hospital [1-3]	Toledo, Ohio	E. L. Burns	199	.....	.....	136,852	..	3	4[p]	200
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. F. Vidoli	184	4,866	4,866	132,640	1	1	2[a]	225
Toledo Hospital [1-3]	Toledo, Ohio	B. Steinberg	233	3,984	3,574	103,897	1	2	4[p]	200
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. L. Criechio	165	6,856	5,378	123,953	2	2	4[p]	...
Youngstown Hospital	Youngstown, Ohio	A. E. Rappoport	407	6,504	6,504	227,707	2	8	4[p]	125
University Hospitals [1-3]	Oklahoma City	H. C. Hopps	218	3,433	6,504	192,294	2	5	4[p]	50
Hillcrest Medical Center [1]	Tulsa, Okla.	L. Lowbeer	119	.....	3,426	4,626	2	4	2[p]	150
St. John's Hospital [1]	Tulsa, Okla.	E. Palik	117	4,850	4,848	156,004	1	4	4[p]	150
Emanuel Hospital [1-3]	Portland, Ore.	V. D. Sneeden	189	5,290	3,783	178,838	1	1	1[a]	100

Numerical and other references will be found on pages 373 and 374.

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Good Samaritan Hospital [1-3]	Portland, Ore.	W. L. Lehman	283	4,557	3,895	192,687	2	8	4P	100
Providence Hospital [1-3]	Portland, Ore.	J. Minckler	226	6,762	4,877	141,249	1	4	4P	150
St. Vincent's Hospital [1]	Portland, Ore.	F. R. Menne	204	5,254	4,174	190,102	1	4	4P	165
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	W. Hunter	432	3,169	3,169	204,679	4	8	4P	85
Abington Memorial Hospital [1-3]	Abington, Pa.	J. Elman	154	3,469	3,450	14,982	1	4	4P	100
Allentown Hospital [1-2]	Allentown, Pa.	J. J. Wenner	200	3,966	3,471	103,317	1	1	4P	225
Sacred Heart Hospital [1]	Allentown, Pa.	D. E. Stader	119	5,345	5,345	132,501	1	1	2a	200
St. Luke's Hospital [1-3]	Bethlehem, Pa.	E. J. Benz	206	2,936	2,121	110,441	2	2	4P	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	M. M. Strumia	195	3,963	3,910	206,935	1	4	4P	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	H. F. Hunt	108	2,960	2,960	113,654	..	2	4P	100
Fitzgerald-Mercy Hospital [1-3]	Darby, Pa.	A. Valdes-Dapena M. M. Porter	80	1,812	1,812	99,699	2	6	3P	100
Hamot Hospital [1-3]	Erie, Pa.	E. L. Armstrong	162	4,767	4,767	141,999	..	4	4P	200
St. Vincent's Hospital [1-2]	Erie, Pa.	R. B. Eisenberg	179	2,484	2,474	136,859	1	4	4P	100
Lancaster General Hospital	Lancaster, Pa.	W. M. O'Donnell	186	2,091	2,091	119,680	1	1	2a	200
St. Joseph's Hospital [1]	Lancaster, Pa.	E. E. Ziegler	157	5,577	5,577	97,682	1	2	2a	300
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	H. Brody	215	4,026	4,026	167,379	3	3	2P	100
Southern Division [1-3]	Philadelphia	D. R. Meranze	192	3,943	3,943	150,262	4	4	4P	75
Episcopal Hospital [1]	Philadelphia	W. P. Belk	150	2,242	.....	145,164	1	3	3P	100
Frankford Hospital [1-3]	Philadelphia	W. L. C. Spaeth	124	1,759	1,759	40,397	1	2	2a	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	F. B. Lynch, Jr.	166	2,772	2,523	100,131	1	3	4P	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Valdes-Dapena	117	3,003	3,003	185,322	2	2	2a	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. E. Gregory	286	7,244	7,244	243,360	2	6	4P	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Horn	332	8,040	8,040	147,184	..	12	4P	150
Hospital of the Woman's Med. College of Pennsylvania [1-3]	Philadelphia	M. Geiss	48	1,559	1,559	1,560	1	1	2P	100
Jefferson Medical College Hospital [1-3]	Philadelphia	P. A. Herbut	226	9,661	9,661	365,699	..	..	4P	50
Lankenau Hospital [1-3-20]	Philadelphia	C. E. Brown	121	2,903	2,903	135,088	..	2	4P	100
Pennsylvania Hospital [1-3]	Philadelphia	A. R. Crane	198	5,200	5,200	378,983	..	5	4P	100
Philadelphia General Hospital [1-3]	Philadelphia	G. H. Clark	975	4,611	4,137	498,186	3	7	4P	112.34
Presbyterian Hospital [1-3]	Philadelphia	R. P. Custer	165	.....	12,407	125,503	7	7	4P	100
Temple University Hospital [1-3]	Philadelphia	E. E. Aegerter	254	7,676	7,676	467,385	2	8	4P	50
Allegheny General Hospital [1-3]	Pittsburgh	R. C. Grauer	108	3,314	3,314	151,003	..	2	3P	250
Children's Hospital [1-3]	Pittsburgh	G. H. Fetterman	119	563	555	81,298	2	5	1P	50
Mercy Hospital [1-3]	Pittsburgh	H. H. Permar	140	5,950	4,068	32,922	2	2	4P	150
Montefiore Hospital [1-3]	Pittsburgh	K. Y. Tzelnikman	143	3,917	3,461	100,240	2	2	4P	100
Presbyterian Hospital [1]	Pittsburgh	E. L. Heller	137	4,846	4,846	113,781	1	3	3	50
St. Francis Hospital [1-3]	Pittsburgh	R. C. Hamilton	153	2,454	2,421	165,160	1	4	4P	150
St. Margaret Memorial Hospital [1]	Pittsburgh	T. J. Moran	41	1,130	1,130	58,321	1	1	1c	175
Western Pennsylvania Hospital [1-3]	Pittsburgh	R. G. McManus	91	4,246	4,246	188,690	1	3	1P	225
Community General Hospital [1-3]	Reading, Pa.	H. Cook	99	1,295	1,561	55,188	1	1	1a	300
Reading Hospital [1-3]	Reading, Pa.	W. P. Jennings	251	3,766	3,559	151,987	1	3	4P	125
St. Joseph's Hospital [1]	Reading, Pa.	G. P. Desjardins	157	2,828	1,967	110,905	1	4	4P	250
Robert Packer Hospital [1-3]	Sayre, Pa.	C. H. DeWan	135	3,728	3,618	188,374	2	2	3P	100
Scranton State Hospital [1-3]	Scranton, Pa.	G. Clark	95	2,982	1,176	108,890	1	1	2P	200
Williamsport Hospital [1-3]	Williamsport, Pa.	M. G. Colvin	121	4,340	4,021	113,873	1	3	2P	....
York Hospital [1-3]	York, Pa.	L. C. Pusch	143	2,841	2,841	110,167	1	1	4P	250
Rhode Island Hospital [1-3]	Providence, R. I.	H. Fanger	374	6,532	6,532	290,871	3	6	4P	83.34
Roper Hospital [1-3-21]	Charleston, S. C.	K. M. Lynch	277	4,804	3,444	174,092	2	6	3	150
Greenville General Hospital	Greenville, S. C.	.....	.....	.....	.....	.....	..	..	3P	....
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	J. W. Adams, Jr.	197	9,345	9,312	233,676	2	5	2P	....
Saint Mary's Memorial Hospital [1-3]	Knoxville, Tenn.	G. S. Mahon	73	3,762	3,750	73,014	2	2	2P	300
Baptist Memorial Hospital [1-3]	Memphis	M. L. Trumbull	183	10,276	9,500	125,000	3	9	4P	100
City of Memphis Hospitals [1-3]	Memphis	R. H. Sprunt	.....	.....	.....	.....	5	12	4P	75
Methodist Hospital	Memphis	W. W. Tribby	104	6,657	5,652	179,766	1	4	1P	100
St. Joseph Hospital [1-3]	Memphis	W. W. Hurteau	131	4,195	4,005	146,327	3	12	2a	200
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville	J. R. Cuff	123	1,267	1,267	1,267	2	2	2P	125
Vanderbilt University Hospitals Nashville General Hospital [1-3]	Nashville	W. A. DeMonbreun	68	1,619	1,539	120,619	1	2	3P	50
Vanderbilt University Hospital [1-3-207]	Nashville	E. W. Goodpasture	235	4,702	4,684	172,712	4	4	3a	50
Brackenridge Hospital [1]	Austin, Texas	S. W. Bohls P. Flynn	78	2,192	1,712	42,770	1	2	2a	....
Baylor University Hospital [1-3]	Dallas, Texas	H. Hill	181	11,576	11,576	240,897	1	4	4P	75
Parkland Hospital [1-3]	Dallas, Texas	E. E. Muirhead	305	3,092	7,782	297,124	2	4	4P	50
St. Paul's Hospital [1-3]	Dallas, Texas	J. L. Goforth	101	4,705	4,086	119,987	2	6	3P	100
Harris Hospital [1-3]	Fort Worth, Texas	C. T. Ashworth C. D. Fitzwilliam	126	5,699	4,171	182,817	..	2	4P	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	R. Brindley	458	4,793	6,416	251,784	2	8	4P	....
Hermann Hospital [1-3]	Houston, Texas	W. G. Brown	241	7,548	7,548	261,333	1	4	4P	100
Jefferson Davis Hospital [1]	Houston, Texas	S. A. Wallace	496	4,353	4,353	261,723	1	4	4P	....
St. Joseph's Infirmary [1]	Houston, Texas	P. M. Mareuse	187	8,131	5,375	228,327	1	1	2a	250
M. D. Anderson Hospital for Cancer Research [1-3-273]	Houston, Texas	W. C. Russell	217	2,883	2,883	52,354	2	10	2P	....
Baptist Memorial Hospital [1-3]	San Antonio, Texas	A. O. Severance	191	4,683	4,447	132,124	1	3	4P	200
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	D. A. Todd	95	.....	.....	107,085	1	2	2P	125
Santa Rosa Hospital [1]	San Antonio, Texas	J. M. Moore S. W. Bohls	110	4,475	3,371	152,276	1	3	3P	200
St. Benedict's Hospital [1-3]	Ogden, Utah	R. C. Ellis	82	2,406	1,938	59,778	1	1	1P	150
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City	J. H. Carlquist	154	.....	.....	98,393	1	1	1P	160
Holy Cross Hospital [1-3]	Salt Lake City	C. McNeil	75	6,815	2,720	77,637	2	4	1P	175
Salt Lake County General Hospital [1-3]	Salt Lake City	F. D. Gunn	237	1,587	1,517	132,118	..	3	4P	....
Bishop Degoesbriand Hospital [1-3]	Burlington, Vt.	E. Stark	68	987	987	37,514	..	..	1P	50
Mary Fletcher Hospital [1-3-285]	Burlington, Vt.	E. Woll R. Cash	117	3,153	3,133	55,929	2	6	2P	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	O. B. Bobbitt	233	12,174	12,174	187,463	3	7	4P	150
Memorial Hospital [1]	Danville, Va.	J. W. Hooker	122	3,160	3,160	71,160	1	1	2a	....
Lynchburg General Hospital [1-3]	Lynchburg, Va.	S. M. Bouton	65	2,220	1,805	46,251	..	3	1P	250
De Paul Hospital [1-3]	Norfolk, Va.	A. F. Strauss	191	6,438	6,263	157,034	1	2	2a	225
Norfolk General Hospital [1-3]	Norfolk, Va.	E. O. Levy A. J. Rawson	239	6,686	9,816	157,915	1	3	4P	250
Medical College of Virginia, Hospital Division [1-3-17]	Richmond, Va.	F. L. Apperly	451	8,465	8,465	424,741	..	8	3	....
Doctors Hospital [3]	Seattle, Wash.	G. E. Tooley	112	5,093	3,743	73,976	1	1	2a	125
King County Hospital, Unit No. 1 (Harborview) [1]	Seattle, Wash.	C. R. Jensen	709	3,014	2,912	207,673	..	1	3	110
Providence Hospital [1-3]	Seattle, Wash.	D. G. Mason	188	6,197	4,025	125,161	1	1	2a	200
Swedish Hospital [1-3]	Seattle, Wash.	P. Lund	216	5,893	5,896	169,670	2	2	1	100
Deaconess Hospital [1-3]	Spokane, Wash.	T. E. Loddeth	179	5,219	4,282	94,051	1	4	4P	....
Sacred Heart Hospital [1-3]	Spokane, Wash.	J. E. Hill	159	5,570	5,461	138,780	1	1	2a	200
St. Luke's Hospital [1-3]	Spokane, Wash.	O. O. Christianson	119	2,183	1,569	131,907	1	1	1a	150
St. Joseph Hospital [1-3]	Tacoma, Wash.	C. R. McColl	128	4,555	4,434	84,738	2	4	2a	200
Tacoma General Hospital [1-3]	Tacoma, Wash.	C. P. Larson	292	7,082	6,853	86,484	1	2	4P	200
Charleston General Hospital [1]	Charleston, W. Va.	W. Putschar	131	2,262	2,234	68,674	1	1	4P	160
St. Joseph's Hospital [1-3]	Parkersburg, W. Va.	A. J. Bruecken, Jr.	40	2,873	1,820	83,787	1	1	2P	....

Numerical and other references will be found on pages 373 and 374.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Number of Surgical Specimens	Number Examined Microscopically	Total Number of Laboratory Examinations	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Ohio Valley General Hospital	Wheeling, W. Va.	.....	..	..	..	..	..	..	3P	...
Madison General Hospital [1-3]	Madison, Wis.	L. Mecary	96	4,337	4,337	79,026	..	2	4P	150
University Hospitals [1-3]	Madison, Wis.	D. M. Angevine....	299	4,317	4,298	207,933	1	3	4P	50
St. Joseph's Hospital [1]	Marshfield, Wis.	J. B. Miale.....	122	1,739	1,420	75,000	1	3	3P	300
Columbia Hospital [1-3]	Milwaukee	G. Ritchie	...	.....	.....	.....	1	3	4P	125
Milwaukee County Hospital [1-3]	Milwaukee	J. F. Kuzma.....	489	3,190	3,104	285,059	2	6	4P	208.92
Milwaukee Hospital [1-3]	Milwaukee	E. A. Birge.....	116	4,508	3,687	88,048	1	1	3P	150
St. Joseph's Hospital [1-3]	Milwaukee	.....	217	4,592	3,446	123,076	1	4	4P	200
St. Mary's Hospital [1]	Milwaukee	S. B. Pessin.....	136	4,205	2,538	82,738	..	1	3P	175
Gorgas Hospital [3]	Ancon, C. Z.	N. W. Elton.....	296	2,988	2,884	273,890	1	4	4P	282.55
Queen's Hospital [1-3]	Honolulu, T. H.	W. H. Civin.....	238	5,091	4,418	148,781	1	4	4P	135
San Juan City Hospital [1-3]	San Juan, P. R.	E. Koppisch	176	2,737	2,737	245,280	1	1	3*	150

18. PEDIATRICS

The following services have been approved by the Council and the American Board of Pediatrics
Hospitals, 252; Assistant Residencies and Residencies, 1,336

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital [3-66]	San Francisco	W. M. Ewards.....	1,243	7,683	28	26	2	4	2	...
Fitzsimons Army Hospital [66]	Denver, Colo.	F. E. Simpson.....	1,773	31,773	8	6	2	4	2	...
Army Medical Center [3-66-67]	Washington, D. C.	O. C. Bruton.....	1,244	19,809	10	8	2	4	2	...
Brooke Army Medical Center [66-280]	San Antonio, Texas	L. J. Geppert.....	1,389	19,808	36	33	1	3	2	...
UNITED STATES NAVY										
U. S. Naval Hospital [3]	Oakland, Calif.	D. W. Sherwood.....	1,219	16,620	16	15	..	2	2	...
U. S. Naval Hospital [3]	Bethesda, Md.	T. E. Cone.....	512	14,352	9	7	..	4	2	...
U. S. Naval Hospital [3]	Chelsea, Mass.	M. Kurzrok	918	14,866	14	10	..	3	2	...
U. S. Naval Hospital [3]	Philadelphia	S. J. Winter.....	974	20,220	12	7	..	3	2	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE										
Freedmen's Hospital [3-62-64]	Washington, D. C.	R. B. Scott.....	745	3,914	66	29	..	5	2	...
NONFEDERAL										
Children's Hospital [3]	Birmingham, Ala.	H. Kennedy	2,866	7,908	52	32	2	3	2	200
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	K. Hare	2,515	6,189	79	40	3	6	2	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	G. C. McCullough....	911	19,706	13	7	2	4	1	225
City Hospital	Mobile, Ala.	J. MacBell	1,578	3,556	38	17	1	1	1	175
University Hospital [1]	Little Rock, Ark.	K. Dodd	642	5,236	75	38	0	1	2	...
Kern General Hospital [1-3]	Bakersfield, Calif.	J. Alnikow	1,068	14,294	47	37	2	6	2	325
San Joaquin General Hospital [1-3]	French Camp, Calif.	W. T. Auld.....	2,182	3,235	31	23	1	1	1	235
General hospital of Fresno County	Fresno, Calif.	J. E. Young.....	1,163	7,415	65	32	2	2	1	231
Seaside Memorial Hospital	Long Beach, Calif.	S. Woolington	3,462	11,479	45	15	1	1	1	150
California Babies' and Children's Hospital [57]	Los Angeles	T. L. Birnberg.....	3,899	20,532	57	27	1	2	1	150
Childrens Hospital [3]	Los Angeles	M. J. Carson.....	4,319	40,000	129	122	11	30	2	80
Los Angeles County Hospital [1-29]	Los Angeles	T. H. Goldman.....	4,521	17,203	106	72	..	11	2	190
Queen of Angels Hospital [1-3]	Los Angeles	R. Eldredge	1,873	2,510	23	16	1	2	2	150
White Memorial Hospital [1-3-61]	Los Angeles	B. Mirman	716	16,183	32	20	2	4	2	166.25
Children's Hospital of East Bay [1-3]	Oakland, Calif.	L. Luzzatti.....	7,286	38,497	51	99	6	12	2	170
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	M. H. Schwartz.....	1,405	7,095	47	16	1	2	2	...
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	A. L. King	615	47,742	13	11	6	6	1	...
San Diego County General Hospital [1-3]	San Diego, Calif.	F. H. Fehlmann.....	1,039	774	58	17	1	1	1	150
Children's Hospital [1-3]	San Francisco	H. E. Thelander.....	2,107	4,068	8	6	3	5	2	125
Mount Zion Hospital [1-3]	San Francisco	S. J. Robinson.....	1,889	1,737	13	13	..	1	1	100
St. Mary's Hospital [1-3]	San Francisco	R. G. Flood.....	1,708	4,215	9	7	1	2	2	150
Stanford University Hospitals [1-3]	San Francisco	J. A. Anderson.....	516	13,105	19	16	3	6	2	50
University of California Hospital [1-3-37]	San Francisco	W. C. Deamer.....	1,691	13,211	49	41	..	4	2	87
Harbor General Hospital [1-3-61]	Torrance, Calif.	A. J. Moss.....	1,158	5,198	30	11	2	4	2	190
Children's Hospital [1-3-52]	Denver, Colo.	W. W. Barber.....	8,256	3,922	106	89	6	10	2	....
University of Colorado Medical Center		.....	..	..	..	8	16	..	..	...
Colorado General Hospital [1-3-22]	Denver, Colo.	R. H. Alway.....	471	11,249	46	35	..	..	2	...
Denver General Hospital [1-3-22]	Denver, Colo.	M. M. Ginsburg.....	1,092	10,935	21	17	..	..	2	...
Hartford Hospital [1-3]	Hartford, Conn.	J. Griggs.....	1,025	236	22	15	1	2	2	50
St. Francis Hospital [1-3]	Hartford, Conn.	T. Murphy	911	777	19	15	2	2	..	100
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	M. J. E. Senn.....	3,276	10,205	36	30	5	13	2	50
Hospital of St. Raphael [3]	New Haven, Conn.	P. McAlenney	2,021	588	..	..	1	2	2	100
Waterbury Hospital [1]	Waterbury, Conn.	A. S. Brown.....	2,059	797	11	9	1	2	1	125
Delaware Hospital [1-3]	Wilmington, Del.	R. G. Y. Warren.....	2,999	1,702	59	38	2	3	2	180
Children's Hospital [1-3-65]	Washington, D. C.	E. P. Copeland.....	3,763	37,948	..	12	19	2	2	30
Gallinger Municipal Hospital [1-3]	Washington, D. C.	L. Hoeck	1,799	18,613	55	34	6	12	2	...
Georgetown University Hospital [1-3]	Washington, D. C.	F. Burke	995	2,443	18	15	2	4	1	...
Providence Hospital [1-3]	Washington, D. C.	W. O'Donnell.....	1,937	1,799	4	11	2	2	1	200
Duval Medical Center [1-3]	Jacksonville, Fla.	L. W. Holloway.....	639	4,879	36	21	1	1	1	150
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	L. Holloway	2,399	.....	25	12	1	1	1	135
Jackson Memorial Hospital [1-70]	Miami, Fla.	W. W. Quillian.....	1,480	3,836	92	39	2	4	2	75
Crawford W. Long Memorial Hospital [1-3-12]	Atlanta, Ga.	L. H. Moss.....	1,385	4,019	33	16	5	6	2	87.50
Grady Memorial Hospital [1-3]	Atlanta, Ga.	R. W. Blumberg.....	947	50,597	73	51	4	10	2	20
Henrietta Egleston Hospital for Children [1-6]	Atlanta, Ga.	M. H. Roberts.....	1,205	.....	32	24	..	6	1	100
University Hospital	Augusta, Ga.	H. B. O'Rear.....	1,969	.....	76	29	2	4	2	160
Children's Memorial Hospital [1-3]	Chicago	J. A. Bixler.....	5,149	45,416	77	64	11	15	2	30
Cook County Hospital [1-3]	Chicago	A. Levinson	3,128	5,219	476	330	15	15	2	30
Illinois Masonic Hospital [1-3]	Chicago	J. Aronow	1,537	2,363	8	5	1	1	1	85
Mercy Hospital [87]	Chicago	H. W. Elghammer....	1,492	3,375	30	21	1	2	2	100
Michael Reese Hospital [1-3]	Chicago	B. Kagan	6,791	22,364	270	182	4	12	2	50
Mount Sinai Hospital [1-3]	Chicago	B. M. Gasul.....	2,887	5,838	58	47	1	2	2	100
Presbyterian Hospital [1-3]	Chicago	H. N. Sanford.....	1,446	8,899	61	52	1	2	2	125
Provident Hospital [1-3]	Chicago	R. N. Jefferson.....	769	2,004	9	9	1	2	2	200
St. Joseph Hospital [1-3]	Chicago	H. Jacobs	1,175	470	13	11	1	1	1	200
St. Luke's Hospital [1-3]	Chicago	A. Biggs	450	7,166	15	12	1	2	2	50
University of Chicago Clinics [1-3]	Chicago	F. H. Wright.....	1,149	19,912	65	46	7	15	2	175
University of Illinois Research and Educational Hospitals [1-3-89]	Chicago	H. N. Sanford.....	433	11,338	27	26	2	6	2	60
Evanston Hospital [1-3]	Evanston, Ill.	A. L. Newcomb.....	1,333	1,598	9	34	1	1	1	50
St. Francis Hospital [1-3]	Evanston, Ill.	N. G. Shaw.....	2,476	572	22	15	1	1	1	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	E. G. Lawler.....	3,310	1,667	23	17	3	3	1	175

Numerical and other references will be found on pages 373 and 374.

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18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
West Suburban Hospital	Oak Park, Ill.	C. D. Butler	2,114	1,552	11	9	1	1	1	150
St. Francis Hospital [1-3]	Peoria, Ill.	C. E. Sibilsky	1,444	1,247	61	40	2	2	1	...
Indianapolis General Hospital [1-102-103]	Indianapolis	L. Rosenbaum	1,508	13,466	13	7	1	2	2	150
Indiana University Medical Center [1]	Indianapolis	L. T. Melks	3,713	17,775	185	129	5	10	2	150
St. Vincent's Hospital [1-10]	Indianapolis	B. K. Rust	1,045	3,767	19	15	1	1	1	250
Iowa Methodist Hospital [1-3-10]	Des Moines	L. F. Hill	1,512	13,330	57	43	5	8	2	100
University Hospitals [1-3]	Iowa City, Iowa	C. D. May	1,503	2,889	53	41	4	6	2	75
University of Kansas Medical Center [1-3]	Kansas City, Kans.	H. C. Miller	1,255	10,289	63	53	4	8	2	125
St. Joseph Infirmary [1-3]	Louisville, Ky.	O. S. Ogden	2,833	425	45	27	2	3	2	...
University of Louisville Hospitals										
Children's Hospital [1-3-111]	Louisville, Ky.	L. T. Davidson	2,784	.....	105	55	10	19	2	75
Louisville General Hospital [1-3-110]	Louisville, Ky.	L. T. Davidson	1,317	15,794	100	57	10	19	2	75
Charity Hospital of Louisiana										
Independent Unit [1-3]	New Orleans, La.	W. C. Rivenbark	811	5,964	41	24	3	5	2	40
Louisiana State University Unit [1-3]	New Orleans, La.	N. K. Ordway	1,565	11,893	59	38	6	11	2	40
Tulane University Unit [1-3]	New Orleans, La.	R. V. Platou	1,548	9,251	47	35	6	11	2	40
Hotel Dieu Sisters' Hospital [1-3]	New Orleans, La.	R. G. Aleman	2,127	1,269	8	6	2	2	1	200
Southern Baptist Hospital [1-3-117]	New Orleans, La.	W. Sako	.....	.....	17	..	1	2	1	225
Touro Infirmary [1-3-116]	New Orleans, La.	S. Chapman	753	6,9 6	12	10	1	2	2	35
Confederate Memorial Medical Center	Shreveport, La.	C. H. Webb	2,058	2,333	87	29	2	6	2	60
Central Maine General Hospital [1-3]	Lewiston, Maine	H. C. Thacher	1,133	432	21	16	..	1	1	150
Baltimore City Hospitals [1-3]	Baltimore, Md.	H. E. Harrison	1,085	30,692	109	93	6	11	2	75
Johns Hopkins Hospital [1-3-119]	Baltimore, Md.	F. F. Schwentker	1,579	34,099	169	126	..	7	2	...
Mercy Hospital [1-3]	Baltimore, Md.	F. B. Smith	561	2,211	31	15	1	2	1	250
Sinai Hospital [1-3]	Baltimore, Md.	H. H. Gordon	462	4,399	63	52	3	5	2	85
Union Memorial Hospital [1-3]	Baltimore, Md.	W. L. Miller, Jr.	563	1,642	17	10	2	2	1	65
University Hospital [1-3-121-130]	Baltimore, Md.	J. E. Bradley	621	9,317	63	39	2	7	2	50
Boston City Hospital [1-3]	Boston, Mass.	E. Friedman	2,375	12,837	142	30	6	12	2	112
Boston Floating Hospital [1-3-118]	Boston, Mass.	J. M. Baty	2,150	.....	47	35	6	7	2	50
Children's Medical Center [1-3]	Boston, Mass.	C. A. Janeway	3,110	23,547	246	198	4	20	2	50
Massachusetts General Hospital [1-3-262]	Boston, Mass.	A. M. Butler	1,125	4,620	25	17	5	6	2	100
Worcester City Hospital [1-3]	Worcester, Mass.	A. S. O'Connor	843	.....	18	7	1	1	1	200
University Hospital [1-3]	Ann Arbor, Mi h.	J. L. Wilson	1,251	7,362	75	54	12	22	2	134.16
Children's Hospital [1-3-115]	Detroit, Mich.	P. V. Wooley, Jr.	6, 57	70,100	331	269	12	25	2	100
Harper Hospital [1-3]	Detroit, Mich.	E. P. Mortimer	2,068	1,666	67	59	1	2	1	225
Henry Ford Hospital [1-3-113]	Detroit, Mich.	J. A. Johnston	1,818	26,590	35	25	5	7	2	225
Providence Hospital [1-3]	Detroit, Mi h.	L. P. Sonda	2,361	.....	26	17	1	1	1	250
Hurley Hospital [1-3]	Flint, Mich.	L. Jones	1,818	.....	26	14	1	1	2	300
St. Mary's Hospital	Grand Rapids, Mi h.	J. C. Montgomery	859	131	25	14	1	1	1	200
Saginaw General Hospital [1-3]	Saginaw, Mi h.	R. M. Heavenrich	3,036	2,111	45	38	1	2	2	200
Minneapolis General Hospital [1-3-150]	Minneapolis, Minn.	R. A. Ulstrom	6 6	7,500	31	20	3	5	2	169
Northwestern Hospital [1-3]	Minneapolis, Minn.	E. S. Platou	1,472	.....	22	14	1	1	1	2.0
St. Barnabas Hospital [1-3]	Minneapolis, Minn.	I. H. Moore	2,162	.....	13	12	1	1	1	175
University of Minnesota Hospitals [1-3]	Minneapolis, Minn.	I. McIntyrie	1,915	8,085	81	72	..	12	2	150
Mayo Foundation [1-3]	Rochester, Minn.	R. L. J. Kennedy	3,239	18,208	77	66	8	23	2	150
Children's Mercy Hospital [1-3]	Kansas City, Mo.	J. M. Kantor	1,750	13,217	89	50	4	4	1	125
Kansas City General Hospital No. 1	Kansas City, Mo.	E. L. Glusscock	570	3,263	15	12	1	2	1	75
Homer G. Phillips Hospital [1-3]	St. Louis, Mo.	P. J. White	1,875	10,770	95	26	6	14	2	100
Jewish Hospital [1-3]	St. Louis, Mo.	H. Deutsch	1,117	2,268	9	5	1	1	1	100
St. Louis Children's Hospital [1-164]	St. Louis, Mo.	A. F. Hartmann	3,833	37,940	148	108	2	2	2	25
St. Louis City Hospital [1-3]	St. Louis, Mo.	D. Thurston								
		V. Peters	1,742	12,136	77	25	..	8	2	137.75
St. Mary's Group of Hospitals [1-3-161-162-167]	St. Louis, Mo.	P. G. Danis	2,099	12,286	50	35	4	12	2	65
Creighton Memorial St. Joseph's Hospital [1-169]	Omaha, Neb.	J. H. Murphy	1,219	731	19	14	1	2	2	150
University of Nebraska Hospital [1-3-169]	Omaha, Neb.	H. M. Jahr	515	2,503	16	15	2	5	2	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	C. C. Stewart, III	883	4,475	15	13	2	2	1	170
Cooper Hospital [1-3]	Camden, N. J.	V. DelDuca	812	766	28	18	1	1	1	200
Medical Center-Jersey City Hospital [1-3]	Jersey City, N. J.	C. P. DeFurdo	1,408	7,673	16	4	3	6	2	...
Babies Hospital-Colt Memorial [1-3-175]	Newark, N. J.	M. G. Gregory	3,755	4,585	32	26	2	3	1	150
St. Michael's Hospital [1-3-172]	Newark, N. J.	H. A. Murray	2,0 6	1,917	42	25	1	2	2	...
Albany Hospital [1-3]	Albany, N. Y.	E. S. Goodwin	767	3,052	19	15	3	4	2	135
St. Peter's Hospital [1]	Albany, N. Y.	H. P. Leahy	1,552	92	14	13	1	1	1	175
Beth-El Hospital [1-3]	Brooklyn, N. Y.	B. Schick	327	5,126	20	..	2	2	2	...
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	T. M. Lamb	575	6,414	10	7	1	2	1	100
Coney Island Hospital [1-3]	Brooklyn, N. Y.	S. Nussbaum	709	.....	18	13	2	2	2	98.30
Cumberland Hospital [1-3-184]	Brooklyn, N. Y.	T. B. Givan	8 3	9,719	13	12	3	4	2	99
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	I. Schiff	967	5,517	48	37	2	3	1	...
Jewish Hospital [1-3-184]	Brooklyn, N. Y.	B. Kramer	1,370	5,227	37	21	5	11	2	75
Kings County Hospital										
County Division [1-3]	Brooklyn, N. Y.	L. Mullin	1,218	2,972	45	25	3	6	2	98
University Division [1-3]	Brooklyn, N. Y.	I. Khulik	3,059	7,350	212	113	3	6	2	98
Long Island College Hospital [1-3]	Brooklyn, N. Y.	C. A. Weymuller	538	7,226	18	5	2	4	2	75
Maimonides Hospital [1-3-184-209]	Brooklyn, N. Y.	J. Meisel								
		H. Wexler	787	2,915	20	11	3	4	2	35
Methodist Hospital [1-3]	Brooklyn, N. Y.	W. F. Watton	594	3,170	16	11	1	2	1	75
Norwegian Lutheran Deaconesses' Home and Hosp. [1-3]	Brooklyn, N. Y.	J. A. Monfort	2,209	718	34	28	1	2	1	100
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	J. P. Lombard	502	2,987	16	8	2	2	1	125
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	J. Battaglia	514	3,389	38	22	1	1	1	...
St. Mary's Hospital [1-3]	Brooklyn, N. Y.	K. G. Jennings	463	1,325	14	9	1	2	1	175
Wyckoff Heights Hospital [1-3-204]	Brooklyn, N. Y.	T. Larkin	376	937	6	1	2	2	1	100
Children's Hospital [1-3]	Buffalo, N. Y.	M. I. Rubin	2,212	16,818	99	76	15	25	2	75
Edward J. Meyer Memorial Hospital [1]	Buffalo, N. Y.	F. J. Gustina	1,240	9,225	18	10	1	3	2	179
Mary Imogene Bassett Hospital [1-3-135]	Cooperstown, N. Y.	T. C. Goodwin	283	5,689	6	6	..	1	1	83.33
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	H. T. Vogel	457	3,326	87	43	1	2	1	125
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	M. C. Hill	1,240	55	64	45	1	2	2	225
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	A. A. Trivilino								
		V. G. Tosti	2,929	1,467	46	23	1	1	1	110
Queens General Hospital [1-3]	Jamaica, N. Y.	H. A. Reisman	947	5,186	94	70	3	6	2	98.33
Bellevue Hospital Center, Division III										
New York University College of Medicine [1-3-209]	New York City	L. E. Holt, Jr.	1,456	49,388	107	58	6	6	2	98
Beth Israel Hospital [1-3]	New York City	P. Cohen	506	3,044	13	11	2	2	2	75
Bronx Hospital [1-3]	New York City	J. H. Lapin	633	4,721	15	10	1	2	2	75
Flower and Fifth Avenue Hospitals [1-3]	New York City	L. B. Slobody	1,046	3,192	36	29	2	4	2	...
Fordham Hospital [1-3]	New York City	J. Golomb	1,499	3,524	41	29	2	3	2	98.38
Harlem Hospital [1-3]	New York City	H. J. Cohen	720	.....	33	10	2	4	2	98.32
Lenox Hill Hospital [1-3]	New York City	A. F. Anderson	633	3,362	22	16	2	3	2	180
Lincoln Hospital [1-3]	New York City	H. S. Altman	1,386	12,748	84	48	2	5	2	65
Metropolitan Hospital [1-3]	New York City	L. B. Slobody	1,357	16,378	43	30	5	8	2	98
Misericordia Hospital	New York City	E. Rooney	868	.....	17	9	..	..	1	...
Morrisania City Hospital [1-3]	New York City	H. D. Pasachoff	882	6,367	27	14	1	3	2	98

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Mount Sinai Hospital [1-3-209]	New York City	H. L. Hodes	2,132	22,207	57	37	4	9	2	50
New York City Hospital [1]	New York City	F. E. Amerman	2,372	12,395	56	44	1	4	2	150
New York Founding Hospital [1-2]	New York City	A. J. Vignec	1,218	4,618	..	..	16	16	2	100
New York Hospital [1-2-192]	New York City	S. G. Levine	1,366	29,387	105	93	9	17	2	25
New York Infirmary [1-3]	New York City	R. M. Bakwin	73	1,865	2	2	1	1	1	100
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)								
University Hospital	New York City	A. DeSanctis	6 1	9,192	25	30	3	6	2	85
Presbyterian Hospital (Babies Hospital) [1-3]	New York City	R. McIntosh	4,360	45,330	197	160	7	18	2	208.33
Roosevelt Hospital [1-2-210]	New York City	E. N. Joyner, III	516	5,761	8	4	2	4	1	116
St. Clare's Hospital [1]	New York City	C. H. O'Regan	872	6,162	48	20	3	3	2	50
St. Luke's Hospital [1-3-209]	New York City	F. C. Hunt	672	7,282	10	6	2	4	2	60
St. Vincent's Hospital [1-3]	New York City	A. J. Vignec	3,253	10,388	104	71	4	5	2	50
Sydenham Hospital [1-3]	New York City	E. Schit	552	3,538	11	6	1	1	1	150
Genesee Hospital [1-4]	Rochester, N.Y.	J. Glaser	673	1,630	8	8	1	2	2	75
Rochester General Hospital [1-3]	Rochester, N.Y.	F. W. Bush	706	2,200	34	27	1	2	1	100
Strong Memorial-Rochester Municipal Hosps. [1-3-212-214]	Rochester, N.Y.	W. L. Bradford	1,319	7,534	57	48	..	8	2	41.66
St. Vincent's Hospital [1-3]	Staten Island, N.Y.	G. W. McCormick	1,720	650	10	7	1	1	1	150
Sea View Hospital [1-4]	Staten Island, N.Y.	B. Ratner	504	.....	4	1	5	5	1	150
St. Joseph's Hospital [1-4]	Syracuse, N.Y.	G. Murdock	2,661	1,802	4	1	2	2	1	100
State University of New York Medical Center [1-3-203]	Syracuse, N.Y.	T. C. Wyatt	2,830	5,026	68	55	4	12	2	191.66
Grasslands Hospital [1-3]	Valhalla, N.Y.	F. D. Barnes	309	1,736	14	11	1	3	2	125
North Carolina Memorial Hospital [1-3-232]	Chapel Hill, N.C.	E. C. Curren	182	.....	5	5	3	7	2	146
Charlotte Memorial Hospital	Charlotte, N.C.	C. H. Gay	636	4,891	20	13	1	2	2	150
Duke Hospital [1-3-231-232]	Durham, N.C.	W. C. Davison	1,150	16,986	77	38	6	8	2	25
Watts Hospital [1]	Durham, N.C.	A. H. Loudon	746	1,158	20	7	..	1	2	150
Rex Hospital [1-3]	Raleigh, N.C.	J. Stagg	2,214	.....	20	7	..	1	1	200
Babies Hospital [1-3]	Wilmington, N.C.	J. B. Sidbury	1,160	3,500	17	9	2	2	1	200
City Memorial Hospital [1-3]	Winston-Salem, N.C.	F. A. Blount	3,245	183	28	5	1	1	1	200
North Carolina Baptist Hospital [1-3]	Winston-Salem, N.C.	R. B. Lawson	1,245	3,251	57	34	2	8	2	41.66
University of Cincinnati										
Children's Hospital [1-3-234-235]	Akron, Ohio	J. G. Kramer	3,194	10,482	128	103	7	8	2	250
Children's Hospital [1]	Cincinnati	A. A. Weech	.....	.....	..	..	6	13	2	45
Cincinnati General Hospital [1-3]	Cincinnati	A. A. Weech	560	8,439	73	51	4	7	2	45
Good Samaritan Hospital [1-3-237]	Cincinnati	E. A. Wagner	1,750	.....	28	15	1	2	1	175
City Hospital [1-3]	Cleveland	F. C. Robbins	553	1,598	80	41	..	4	2	100
Cleveland Clinic Hospital	Cleveland	R. D. Mercer	424	3,698	4	3	1	3	2	175
University Hospitals [1-3]	Cleveland	W. M. Wallace	3,151	21,484	151	112	6	15	2	25
Children's Hospital [1-3]	Columbus, Ohio	E. Baxter	3,173	.....	213	140	..	22	2	...
Mercy Hospital [1-3]	Toledo, Ohio	L. L. Clark	2,174	2,272	14	10	..	1	1	200
University Hospitals [1-3]	Oklahoma City	C. H. Hall	1,229	9,033	108	63	3	6	2	50
Hillcrest Memorial Hospital [1]	Tulsa, Okla.	H. Graham	1,888	.....	30	8	1	2	2	150
St. John's Hospital [1]	Tulsa, Okla.	M. J. Searle	4,013	.....	40	21	1	1	1	150
University of Oregon Medical School										
Hospitals and Clinics [1]	Portland, Ore.	A. J. Hill	993	10,606	58	55	3	6	2	85
Abington Memorial Hospital [1-3]	Abington, Pa.	T. S. Wilier	435	344	6	5	2	2	1	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	E. F. Rabe	717	5,936	29	16	1	1	1	100
Albert Einstein Medical Center										
Northern Division [1-3]	Philadelphia	A. M. Dannenberg	1,205	453	17	10	1	2	1	100
Southern Division [1-3]	Philadelphia	I. P. Morris								
		M. Maien	271	2,211	6	3	1	1	1	75
Children's Hospital [1-3]	Philadelphia	J. Stokes, Jr.	1,823	22,995	67	59	9	21	2	...
Children's Hospital of the Mary J. Drexel Home	Philadelphia	E. Bacon	344	1,488	4	3	2	2	1	100
Germantown Dispensary and Hospital [1-3]	Philadelphia	P. S. Barba	1,169	2,285	66	29	1	3	1	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	J. Ritter	434	984	5	3	1	1	1	...
Hahnemann Medical College and Hospital [1-3-238]	Philadelphia	C. C. Fischer	586	6,934	18	12	3	6	2	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	P. Gyorgy	2,693	3,642	50	41	..	4	2	...
Hospital of the Woman's Medical College of Pa. [1-3-236]	Philadelphia	J. Crump	554	1,969	21	14	1	2	2	60
Jefferson Medical College Hospital [1-3]	Philadelphia	C. F. M. Khann	674	9,856	33	15	..	..	2	...
Philadelphia General Hospital [1-3-256]	Philadelphia	E. L. Noone	1,719	9,432	144	62	3	6	2	112.34
St. Luke's and Children's Medical Center [1-3]	Philadelphia	H. A. Agerty	621	4,100	13	11	2	2	1	100
Temple University Hospitals										
St. Christopher's Hospital for Children [1-3-258]	Philadelphia	W. F. Nelson	3,397	43,224	65	56	7	18	2	50
Temple University Hospital [1-3-250]	Philadelphia	W. E. Nelson	17	7,726	1	1	..	..	..	...
Allegheny General Hospital [1-3]	Pittsburgh	T. O. Eltcrich	498	2,383	16	4	..	2	1	150
Children's Hospital [1-3]	Pittsburgh	E. R. McCluskey	2,892	14,909	129	106	8	17	2	58.33
Western Pennsylvania Hospital [1-3]	Pittsburgh	H. C. Flood	541	1,100	14	3	1	1	1	225
Robert Packer Hospital [1-3]	Sayre, Pa.	D. S. Motsay	618	2,332	28	12	1	2	2	150
Charles V. Chapin Hospital [1-3]	Providence, R.I.	H. G. Cutler	1,256	1,269	10	7	4	4	1	150
Rhode Island Hospital [1-3-253]	Providence, R.I.	R. M. Lord	1,307	3,871	25	11	2	4	2	60
Roper Hospital [1-3]	Charleston, S.C.	M. W. Beach	1,790	9,803	67	21	1	4	2	83
Columbia Hospital [1-3]	Columbia, S.C.	E. M. Madden	2,476	.....	76	39	1	2	2	150
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	H. J. Starr	.....	.....	..	..	..	1	1	...
Knoxville General Hospital [1]	Knoxville, Tenn.	J. Chesney	580	1,164	19	7	..	1	1	125
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	A. Jones	798	340	21	3	1	1	1	100
City of Memphis Hospitals [1-3-205]	Memphis, Tenn.	F. T. Mitchell	8, 64	.....	263	193	3	6	2	35
Methodist Hospital	Memphis, Tenn.	G. Levy	1,974	.....	23	8	1	1	1	100
St. Joseph Hospital [1-3-201]	Memphis, Tenn.	H. J. Jacobson	1,477	450	30	13	1	2	2	200
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	E. P. Crump	870	10,706	52	30	3	6	2	125
St. Thomas Hospital [1-3]	Nashville, Tenn.	J. C. Overall	991	.....	9	4	1	3	1	200
Vanderbilt University Hospital [1-3-227-228]	Nashville, Tenn.	A. Christie	936	12,554	52	23	4	5	2	50
Children's Medical Center [1-3]	Dallas, Texas	G. Forbes	3,465	51,011	50	60	6	14	2	50
St. Paul's Hospital [1-3]	Dallas, Texas	A. L. Alfieri	2,052	5,147	23	11	2	2	1	125
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	A. E. Hansen	1,017	13,322	86	55	5	12	2	...
Hermann Hospital [1-3-225]	Houston, Texas	R. J. Blattner	1,247	8,493	47	36	4	9	2	100
Jefferson Davis Hospital [1-3]	Houston, Texas	R. J. Blattner	1,595	46,987	185	66	3	7	2	50
Santa Rosa Hospital [1-3]	San Antonio, Texas	S. R. Kalinski	1,817	4,879	51	27	1	2	1	150
Salt Lake County General Hospital [1-3]	Salt Lake City	J. F. Bosma	1,391	3,717	52	38	..	10	2	...
Mary Fletcher Hospital [1-3]	Burlington, Vt.	R. J. McKay, Jr.	993	577	13	12	1	2	1	75
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. W. Waddell, Jr.	1,156	7,019	82	42	3	5	2	50
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	L. E. Sutton, Jr.	1,812	17,611	165	48	6	12	2	...
Children's Orthopedic Hospital [1-3]	Seattle, Wash.	J. I. Durand	1,201	9,963	56	45	2	3	2	...
King County Hospital, Unit No. 1 (Harborview) [1-203]	Seattle, Wash.	W. B. Seelye	1,721	1,987	49	16	..	2	2	130
Memorial Hospital	Charleston, W. Va.	.....	.....	.....	..	..	..	1	1	...
University Hospital [1-3]	Madison, Wis.	J. E. Gomez	744	2,751	57	45	1	2	2	50
Milwaukee Children's Hospital [1]	Milwaukee, Wis.	G. H. Wegmann	2,723	24,432	71	56	4	9	2	125
Milwaukee County Hospital [1-3]	Milwaukee, Wis.	M. G. Peterman	4,063	5,372	79	25	2	4	2	208.92
Kaulkeolani Children's Hospital [1-3-261]	Honolulu, T. H.	C. K. Kobayashi	3,324	4,586	39	30	3	4	2	250
Bayamon District Hospital [1-3]	Bayamon, P. R.	L. O. Freedman	1,801	1,440	169	64	1	2	1	250
San Juan City Hospital [1-3]	San Juan, P. R.	A. Ortiz	1,610	75,949	211	78	2	5	2	150

Numerical and other references will be found on pages 373 and 374.

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19. PHYSICAL MEDICINE AND REHABILITATION

The following services have been approved by the Council and the American Board of Physical Medicine and Rehabilitation. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 48; Assistant Residencies and Residencies, 122

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered*	Total Residencies Offered*	Beginning Salary† (Month)
FEDERAL							
UNITED STATES ARMY							
Letterman Army Hospital [66]	San Francisco	R. C. Psaki	5,561	124,303	2	6	...
Fitzsimons Army Hospital [66]	Denver, Colo.	H. B. Luscombe	7,219	242,048	1	3	...
Army Medical Center [1-66-67]	Washington, D. C.	J. H. Kuitert	4,981	339,736	2	6	...
Brooke Army Medical Center [66-280]	San Antonio, Texas	C. D. Shields	22,774	233,917	..	..	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	.....	3,494	212,781	..	..	...
Veterans Admin. Hospital [1-3]	Denver	C. C. Hoffman	2,439	42,283	1	1	...
Veterans Admin. Hospital [1]	Hines, Ill.	L. B. Newman	5,084	475,214	..	4	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	S. F. Radzyminski	2,069	146,889	1	2	...
Veterans Admin. Hospital [1-3-152]	Boston (West Roxbury), Mass.	J. G. Bisgrove	.....	.....	..	..	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	A. S. Abramson	4,129	313,708	1	3	...
Veterans Admin. Hospital [1-3]	Cleveland	H. T. Zankel	4,354	37,090	2	2	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	E. W. Fowlks	4,307	108,964	1	2	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	S. Machover	1,661	98,549	1	3	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	F. I. Mahoney	9,021	152,753	2	4	...
Veterans Admin. Hospital [1-3]	Houston, Texas	B. L. Boynton	1,779	73,936	1	1	...
Veterans Admin. Hospital [1]	Milwaukee	R. Piaskoski	18,844	244,972	2	2	...
NONFEDERAL							
Los Angeles County Hospital [1]	Los Angeles	E. Austin	.....	39,468	..	1	190
White Memorial Hospital [1-3]	Los Angeles	F. B. Moor	.....	32,071	1	3	146.25
University of Colorado Medical Center			.....	.....	1	3	150
Colorado General Hospital [1-3-22]	Denver	H. L. Dinken	2,020	30,246	..	..	...
Denver General Hospital [1-3-22]	Denver	H. L. Dinken	2,259	18,353	..	..	...
Connecticut State Veterans Home and Hospital for Chronic Illness [1-34]	Rocky Hill, Conn.	N. K. Covalt	681	61,233	3	3	335
George Washington University Hospital [1-3]	Washington, D. C.	C. Wise	2,666	22,372	1	1	150
Emory University Hospital [1-3]	Emory University, Ga.	R. L. Bennett	3,371	15,812	1	2	...
Georgia Warm Springs Foundation [1-3-70]	Warm Springs, Ga.	R. L. Bennett	645	98,664	2	6	400
Michael Reese Hospital [1-3]	Chicago	C. Molander	4,261	43,650	1	1	50
Northwestern University Medical Center [1-3-39]	Chicago	.....	.....	.....	..	..	...
University of Illinois Research and Educational Hospitals [1-3]	Chicago	F. A. Hellebrandt	761	14,580	1	2	60
University of Kansas Medical Center [1-3]	Kansas City, Kan.	D. Rose	3,576	67,086	1	2	125
Massachusetts General Hospital [1-3]	Boston	A. L. Watkins	1,505	19,057	2	2	160
University Hospital [1-3]	Ann Arbor, Mich.	J. W. Rae, Jr.	.....	22,813	2	6	134.16
University of Minnesota Hospitals [1-3]	Minneapolis	F. Kottke	12,267	29,875	2	7	150
Mayo Foundation [1-3]	Rochester, Minn.	F. H. Krusen	17,083	93,580	3	7	150
Barnes Hospital [1-3]	St. Louis	S. Mead	1,520	8,189	..	1	50
Bellevue Hospital Center, Division III—New York University College of Medicine [1-3-208-209-222]	New York City	H. A. Rusk	1,144	101,074	3	9	98
Goldwater Memorial Hospital [1-3]	New York City	M. Dacso	686	61,892	..	..	...
Hospital for Joint Diseases [1-3]	New York City	J. Weiss	23,057	81,519	1	2	70
Hospital for Special Surgery [1-3]	New York City	K. G. Hansson	2,801	33,068	2	2	...
Metropolitan Hospital [1-3]	New York City	J. Tobis	429	30,882	2	2	...
Mount Sinai Hospital [1-3]	New York City	W. Bierman	9,910	36,694	1	1	...
New York City Hospital [1-3]	New York City	L. Wisham	.....	.....	..	..	...
		F. K. Safford	1,004	22,261	1	1	150
Presbyterian Hospital [1-3]	New York City	R. C. Darling	6,371	181,423	1	1	308.33
St. Luke's Hospital [1-3]	New York City	R. Muller	871	126,378	1	1	160
Rehabilitation Hospital [1-3]	West Haverstraw, N. Y.	M. Hoberman	572	308,191	..	..	225
Cleveland Clinic Hospital [1-3]	Cleveland	W. J. Zeiter	3,470	16,102	1	3	175
University Hospitals							
University Hospital [1-3]	Columbus, Ohio	R. E. Worden	1,491	20,866	1	2	150
Hospital of the University of Pennsylvania [1-3]	Philadelphia	G. Piersol	3,332	55,173	1	3	...
Philadelphia General Hospital [1-3]	Philadelphia	A. A. Martucci	7,076	99,035	2	2	112.34
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	H. W. Park	4,385	41,445	2	6	50

20. PLASTIC SURGERY

The following services have been approved by the Council and the American Board of Plastic Surgery.

Hospitals, 29; Assistant Residencies and Residencies, 67

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Salary† (Month)
FEDERAL										
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Los Angeles	G. Webster	302	350	2	2	1	1	1	...
Veterans Admin. Hospital [1]	Hines, Ill.	P. W. Greeley	235	104	3	1	..	1	1	...
Veterans Admin. Hospital [1-3]	New York City	H. Conway	242	618	1	1	1	4	1	...
Veterans Admin. Hospital [1-171]	White River Jct., Vt.	R. C. Tanzer	352	1,875	..	..	1	2	1	...
NONFEDERAL										
Franklin Hospital [1-3]	San Francisco	H. M. Blackfield	266	500	..	..	1	2	2	125
St. Francis Memorial Hospital [1-3]	San Francisco	G. W. Pierce	756	242	..	..	1	2	2	300
Indiana University Medical Center [1]	Indianapolis	H. M. Trusler	370	1,475	6	5	..	1	2	200
University of Kansas Medical Center [1-3]	Kansas City, Kan.	D. Robinson	501	2,197	6	5	..	1	2	125
Johns Hopkins Hospital [1-3]	Baltimore	M. Edgerton	...	2,332	..	..	..	2	2	...
Mayo Foundation [1-3]	Rochester, Minn.	F. A. Figi	3,981	11,476	12	10	5	14	2	150
Barnes Hospital [1-3]	St. Louis	J. B. Brown	825	.....	8	7	..	4	2	50
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. C. Tanzer	352	1,875	..	..	1	2	2	220

Numerical and other references will be found on pages 373 and 374.

20. PLASTIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	L. A. Peer	744	700	2	2	1	2	2	100
Albany Hospital [1-3]	Albany, N. Y.	W. B. Macomber	353	260	..	..	2	2	2	135
Kings County Hospital [1-3]	Brooklyn	D. Teplitsky	1,045	3,047	29	2	2	4	2	98
Beth Israel Hospital [1-3]	New York City	A. J. Barsky	227	188	..	..	1	1	2	75
New York Hospital [1-3]	New York City	H. Conway	508	.....	..	..	..	1	1	25
Presbyterian Hospital [1-3]	New York City	J. P. Webster	637	3,764	..	..	2	4	2	208.33
Strong Memorial-Rochester Municipal Hospitals [1-3]	Rochester, N. Y.	R. M. McCormack	303	410	..	..	..	1	1	41.66
Duke Hospital [1-3]	Durham, N. C.	K. L. Pickrell	886	2,035	4	2	..	3	2	25
University Hospitals [1-3]	Oklahoma City	J. F. Burton	233	777	2	..	1	1	1	50
Allentown Hospital [1-3]	Allentown, Pa.	K. M. Mareks	566	1,465	..	..	1	1	2	225
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	L. C. Curtis	267	149	2	1	1	2	2	...
Pittsburgh Medical Center [1-263]	Pittsburgh	S. M. Dupertuis	247	.....	..	..	..	1	2	50
Baylor University Hospital [1-3]	Dallas, Texas	J. T. Mills	837	.....	1	..	1	1	2	75
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	T. G. Blocker, Jr.	943	4,077	18	10	1	3	2	...
Jefferson Davis Hospital [1]	Houston, Texas	S. B. Hardy T. D. Cronin	185	1,135	6	3	1	2	2	50
University Hospitals [1-3]	Madison, Wis.	W. B. Slaughter	394	1,978	3	2	1	2	2	50

21. PREVENTIVE MEDICINE AND PUBLIC HEALTH

The following programs have been approved for two years of training by the Council and the American Board of Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Stipend (Month)
State of California	San Francisco	W. L. Halverson	Alameda County [(a)]	214,630*	$400 max.
			San Joaquin Local Health Dist.	224,500*	.....
State of Delaware	Dover	F. I. Hudson, Ex. Sec.	Kent and Newcastle Counties [(b)]	153,039*	$400-500 [(c)]
State of Florida	Jacksonville	W. T. Sowder	Alachua County	61,950*	$475-500
			Dade-Miami	672,939*	.....
			Hillsborough-Tampa	277,730*	.....
			Pinellas-St. Petersburg	178,970*	.....
State of Illinois	Springfield	R. R. Cross	Cook County [(d),(e)]	743,988	$416-500
			Will County [(e)]	134,326	.....
State of Kansas	Wichita	T. B. Hood	Kansas City-Wyandotte	172,762	[(f)]
			Topeka-Shawnee	116,774	.....
			Wichita-Sedgwick	272,035	.....
State of Maryland	Baltimore	R. H. Riley	Anne Arundel County	128,401*	[(g)]
			Baltimore County	256,024*	
			Eastern Health District of Baltimore City	108,260*	
			Montgomery County	182,511*	
			Washington County	81,147*	
State of Massachusetts	Boston	V. A. Getting	[(h)]	[(h)]	[(i)] 0518
State of Michigan	Lansing	A. E. Heustis	Barry County	27,600*	$400
			Calhoun County	120,813	.....
			Detroit	1,849,568	.....
			Wayne County [(j)]	499,678	.....
State of Minnesota	Minneapolis	A. J. Chesley, Secy. and Ex. Off.	Olmstead-Rochester	49,914*	75% of What job will pay [(k)]
New York City	New York City	J. F. Mahoney	Fort Greene	221,918	$390
			Jamaica West	274,109	.....
			Red Hook	172,394	.....
			Tremont	304,631	.....
State of New York	Albany	H. E. Hilleboe	[(l)]	[(l)]	$425
State of North Carolina	Raleigh	J. W. R. Norton	Charlotte-Mecklenburg County	211,754*	$500
			Forsyth-Winston-Salem	152,524*	.....
			Halifax	58,981*	.....
			Orange-Person-Chatham-Lee	112,955*	.....
State of Virginia	Richmond	M. I. Shanholtz	Arlington County	150,000*	$687.50
State of Washington	Seattle	J. A. Kuhl	Kitsap-Bremerton	75,724	.....
			King-Seattle	732,992	$500
			Clark-Skamania	90,695	$580

* Estimated.

(a) Excludes Alameda, Berkeley and Oakland cities with full time health officers, and Albany and Livermore with part-time officers.

(b) Excludes the city of Wilmington.

(c) To those planning to work in state; transportation costs only to others.

(d) Excludes Berwyn, Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Glencoe, Kenilworth, Northbrook, and remainder of New Trier Township), all with full time health officers.

(e) Opportunity available to secure master's degree in public health.

(f) Arrangements for remuneration made on an individual basis.

(g) Arrangements for remuneration made upon determination of field of interest and location desired.

(h) Training is given in a combination of one county, one union health and seven municipal health departments, and in the divisions of the State Department of Health.

(i) To those training for service in Massachusetts only.

(j) Excludes Detroit and Dearborn, each with full time health officers.

(k) To those training for service in Minnesota only.

(l) Training is given in any one of ten City Health Departments, 14 County Health Departments, or 15 District Offices within the State.

Numerical and other references will be found on pages 373 and 374.

22. PROCTOLOGY

The following services have been approved by the Council and the American Board of Proctology. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 12; Assistant Residencies and Residencies, 49

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
FEDERAL									
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Los Angeles	C. Taylor	354	2,887	3	2	1	1	...
NONFEDERAL									
Ferguson-Droste-Ferguson Rectal Clinic and Hospital [1-3]	Grand Rapids, Mich.	J. A. Ferguson	1,638	8,321	19	9	2	3	275
University of Minnesota Hospitals [1-3]	Minneapolis, Minn.	O. H. Wangensteen	1,908	6,234	117	88	9	27	...
Mayo Foundation [1-3]	Rochester, Minn.	R. J. Jackman	824	18,527	..	..	1	5	150
Millard Fillmore Hospital [1-3]	Buffalo, N. Y.	H. C. Guess	460	5	5	2	1	1	235
Youngstown Hospital	Youngstown, Ohio	P. J. Fury	652	76	7	6	1	1	125
Allentown Hospital [1-3]	Allentown, Pa.	M. S. Kleckner	707	49	9	4	1	1	225
Jefferson Medical College Hospital [1-3]	Philadelphia	T. A. Shallow	507	1,245	..	..	1	1	50
Temple University Hospital [1-3]	Philadelphia	H. E. Bacon	919	1,402	20	10	1	3	50
Pittsburgh Medical Center [1-203]	Pittsburgh	K. Zimmerman	534	.....	..	..	..	1	50
Baylor University Hospital [1-3]	Dallas, Texas	C. Rossea	989	119	4	..	1	2	75
Milwaukee County Hospital [1-3]	Milwaukee	A. G. Schutte	238	1,266	26	6	1	3	208.92

23. PSYCHIATRY

The following services have been approved by the Council and the American Board of Psychiatry and Neurology
Hospitals, 263; Assistant Residencies and Residencies, 2,215

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Program Identification	Beginning Stipend (Month)
FEDERAL											
UNITED STATES ARMY											
Letterman Army Hospital [66]	San Francisco	E. B. Litteral	1,591	2,296	5	1	5	15	3	12	...
Army Medical Center [1-66-67]	Washington, D. C.	J. M. Caldwell	1,334	3,108	1	1	7	20	3	..	...
Fitzsimons Army Hospital [66]	Denver, Colo.	O. M. Weaver	847	4,268	2	2	5	15	3	..	...
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Oakland, Calif.	D. C. Gaede	1,704	2,047	..	..	..	2	2	..	...
U. S. Naval Hospital	San Diego, Calif.		1,531	3,163	1	1	..	..	1	..	...
U. S. Naval Hospital [1]	Great Lakes, Ill.	F. H. Osko	1,127	1,129	1	1	..	..	1	..	...
U. S. Naval Hospital [1]	Bethesda, Md.	T. W. M Daniel, Jr.	813	4,333	..	..	..	7	3	..	...
U. S. Naval Hospital [1]	Chelsea, Mass.	J. E. Nardini	463	2,284	..	..	2	2	1	..	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. M. Smith	865	1,939	..	..	..	1	1	..	...
U. S. Naval Hospital [1]	Philadelphia	J. F. M'Mollin	1,818	7,769	7	1	..	5	2	..	...
U. S. Naval Hospital [1]	Portsmouth, Va.	J. N. Williams	2,079	1,421	..	..	4	4	1	..	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital [1]	Lexington, Ky.	J. A. Gilder	.....	.....	..	..	..	..	..	..	...
		R. W. Rasor	5,299	.....	21	10	6	18	3	30	...
National Institute of Health—Clinical Center	Bethesda, Md.		.....	.....	..	..	..	..	1	..	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE											
St. Elizabeth's Hospital [1-3]	Washington, D. C.	W. Overholser	8,516	.....	431	258	10	26	3	20	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	P. P. Barker	2,242	15	89	26	4	4	2	..	...
Veterans Admin. Hospital [1-3]	North Little Rock, Ark.	E. S. Chappell	2,617	.....	51	37	4	8	3	49	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. S. L. Jacobs	444	750	2	1	3	3	3	..	...
Veterans Admin. Hospital [1-3]	Los Angeles, Calif.	J. Pessin	1,950	.....	167	132	15	40	3	11	...
Veterans Admin. Hospital [1-3]	Palo Alto, Calif.	M. W. MacDonald	2,102	1,478	41	29	10	30	3	14	...
Veterans Admin. Hospital [1-3-218]	Newington, Conn.	T. P. Sohler	262	830	1	1	4	8	2	18	...
Veterans Admin. Hospital [1-3-74]	Augusta, Ga.	W. V. Walsh	1,391	722	8	3	3	6	2	21	...
Veterans Admin. Hospital	Downey, Ill.	A. Paunez	2,43	.....	47	40	2	6	3	26	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. G. Gerty	817	2	16	4	4	13	3	25	...
Veterans Admin. Hospital	Indianapolis	P. O. Seitz	719	326	8	7	..	..	1	..	...
Veterans Admin. Hospital [1-3]	Topeka, Kan.	N. V. Bolin	1,336	.....	13	12	25	75	3	29	...
Veterans Admin. Hospital [1-3]	Lexington, Ky.	E. W. Straus	1,612	.....	42	26	..	4	3	31	...
Veterans Admin. Hospital [1-3]	Louisville	D. F. Moore	250	114	7	4	2	6	3	22	...
Veterans Admin. Hospital [1]	New Orleans	R. W. Buddington	367	840	3	2	1	3	2	34	...
Veterans Admin. Hospital [1-3]	Perry Point, Md.	W. M. Harris	620	.....	69	35	4	12	3	37	...
Veterans Admin. Hospital [1-3]	Bedford, Mass.	J. L. Hoffman	1,808	20,661	41	29	6	18	3	39	...
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain), Mass.	W. Bloomberg	613	...	8	1	20	40	3	..	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	J. L. Kubanek	776	500	29	26	2	6	3	45	...
Veterans Admin. Hospital [1-3]	Fort Custer, Mich.	A. L. Olsen	2,484	.....	48	31	7	7	3	42	...
Veterans Admin. Hospital [1-3]	Minneapolis	W. Simon	658	3	1	1	..	7	3	46	...
Veterans Admin. Hospital [1]	Gulfport, Miss.	E. R. Bennett	1,622	.....	36	30	5	13	3	34	...
Veterans Admin. Hospital [1-3]	Jefferson Barracks, Mo.	A. K. Baur	634	.....	19	15	2	6	3	48	...
Veterans Admin. Hospital [1]	Omaha, Neb.		214	.....	7	4	2	6	3	53	...
Veterans Admin. Hospital [1-3]	Lyons, N. J.	M. P. Rosenbhum	2,289	.....	56	36	2	5	3	54	...
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	J. Barasch	326	.....	6	4	4	9	3	57	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	B. G. Schutkeker	417	.....	9	7	..	2	2	56	...
Veterans Admin. Hospital [1-3]	Canandaigua, N. Y.	E. M. Levy	1,829	.....	38	33	3	6	2	63	...
Veterans Admin. Hospital [1-3]	Montrose, N. Y.	A. A. Schillinger	2,235	.....	38	27	3	10	3	60	...
Veterans Admin. Hospital [1-3]	New York City	H. Flowers	863	10,183	8	4	10	26	3	61	...
Veterans Admin. Hospital [1-3]	Cleveland, Ohio	L. Halle	343	1,150	..	..	3	7	3	70	...
Veterans Admin. Hospital [1-3]	Coatsville, Pa.	A. O. Hecker	2,654	.....	40	35	10	40	3	73	...
Veterans Admin. Hospital [1]	Nashville, Tenn.	B. T. Bennett	.....	.....	..	..	4	7	3	76	...
Veterans Admin. Hospital [1-3]	Houston, Texas	A. D. Pokorny	786	914	..	..	1	3	3	78	...
Veterans Admin. Hospital [1]	Waco, Texas	G. T. McMahan	3,939	.....	57	26	3	3	1	..	...
Veterans Admin. Hospital [1]	Richmond, Va.	B. Nagler	684	143	5	1	1	3	3	82	...
Veterans Admin. Hospital [1-3]	Roanoke, Va.	H. P. Morgan	2,707	290	49	42	5	13	3	68.80	...
Veterans Admin. Hospital [1-3]	Seattle, Wash.	N. C. Chivers	454	16	..	..	4	10	3	83	...

Numerical and other references will be found on pages 373 and 374.

23. PSYCHIATRY—Continued

NONFEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Level of Approved Program (Years)	Program Identification	Beginning Stipend ($/Month)
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	F. A. Kay	...	22	..	..	1	3	1	..	...
Arkansas State Hospital [1]	Little Rock, Ark.	W. Reese	6,854	.....	394	80	6	12	2	..	350
Agnews State Hospital [1-3]	Agnew, Calif.	R. P. Quirmbach	7,594	200	534	110	6	6	1	..	613
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	A. E. Bennett	507	393	1	1	1	3	2	..	100
Compton Sanitarium [1-3]	Compton, Calif.	G. C. Burns	518	2,000	4	1	4	4	1	..	250
Napa State Hospital [1-3]	Imola, Calif.	W. A. Oliver	6,551	316	461	132	2	2	1	..	281
Los Angeles County Hospital [1]	Los Angeles, Calif.	M. G. Carter	9,284	.....	533	92	..	10	3	..	199
Norwalk State Hospital [1]	Norwalk, Calif.	R. E. Wyers	4,175	.....	196	53	3	5	3	15	295
Patton State Hospital [1-3]	Patton, Calif.	O. L. Gericke	.....	.....	..	..	1	1	1	..	295
Langley Porter Clinic [1-3]	San Francisco	K. M. Bowman	270	16,386	6	5	11	39	3	13	295
Mount Zion Hospital [1-3]	San Francisco	N. Reider	.....	7,398	..	..	4	2	3	..	100
Pacific Colony [1-3]	Spadra, Calif.	G. Tarjan	2,030	1,913	43	30	..	8	1	..	295
Stanford University Hospitals [1-3]	San Francisco	G. S. Johnson	324	4,961	3	2	1	3	3	..	...
University of Colorado Medical Center Colorado Psychopathic Hospital [1-3-22]	Denver, Colo.	E. W. Busse	989	5,699	20	7	12	26	3	16	160
Colorado State Hospital [1-3]	Pueblo, Colo.	J. L. Rosenbloom	6,280	.....	438	181	6	12	2	..	275
Institute of Living [1-3]	Hartford, Conn.	F. J. Braceland	900	.....	10	..	8	16	3	..	275
Connecticut State Hospital [1-3]	Middletown, Conn.	H. S. Whiting	3,967	485	374	88	6	12	2	..	380
Silver Hill Foundation	New Canaan, Conn.	W. B. Terhune	290	400	..	..	..	1	1	..	600
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	T. Lidz	150	3,336	..	..	6	13	3	17	50
Fairfield State Hospital [1-3]	Newtown, Conn.	J. E. Oltman	3,733	5	295	157	5	10	2	..	400
State Hospital [1-3]	Norwich, Conn.	C. O. Ranger	3,944	507	239	74	6	12	2	..	370
Delaware State Hospital [1-3-31]	Farnhurst, Del.	M. A. Tarumianz	1,871	4,960	113	41	3	9	2	19	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	G. Gordon	3,572	348	33	12	3	3	1	..	...
Georgetown University Hospital [1-3]	Washington, D. C.	G. Raines	.....	1,660	..	4	8	2	..	..	...
George Washington University Hospital [1-3]	Washington, D. C.	W. Overholser	745	497	2	1	..	1	2	..	150
Tampa Municipal Hospital [1-3]	Tampa, Fla.	S. G. Hibbs	1,322	813	18	6	1	1	1	..	125
University Hospital	Augusta, Ga.	H. M. Cleckley	941	.....	7	..	3	9	2	..	160
Chicago State Hospital [1-3]	Chicago	I. Spitka	6,775	1,576	820	132	4	10	3	23	280
Cook County Hospital [1-3]	Chicago	V. G. Ursc	8,446	.....	133	14	5	5	3	..	250
Loretto Hospital [1-3]	Chicago	J. J. Madden	538	1,119	1	1	2	2	1	..	200
Mercy Hospital [1-3]	Chicago	J. J. Madden	375	2,708	..	..	1	2	1	..	100
Michael Reese Hospital [1-3]	Chicago	R. R. Grinker	701	9,781	3	1	4	12	3	..	50
Neuropsychiatric Institute of the University of Illinois	Chicago	F. J. Gerty	170	3,755	2	..	3	9	3	37	60
St. Luke's Hospital [1-3]	Chicago	F. J. Gerty	674	492	5	3	1	1	3	22	50
University of Chicago Clinics [1-3]	Chicago	N. B. Apter	139	4,959	2	1	3	9	3	..	175
Wesley Memorial Hospital [1-3]	Chicago	P. S. Rhoads	709	3,413	7	3	1	1	1	..	50
Dixon State Hospital [1-3]	Dixon, Ill.	C. K. Bush	5,666	294	163	90	3	3	1	..	...
Elgin State Hospital [1-3]	Elgin, Ill.	A. A. Lieberman	8,579	169	550	175	12	18	3	23	231
Jacksonville State Hospital	Jacksonville, Ill.	S. Leschin	5,360	1,045	344	122	4	4	1	..	250
Kankakee State Hospital [1-3]	Kankakee, Ill.	A. Aronson	6,065	1,181	334	91	1	1	1	..	230
Manteno State Hospital [1-3]	Manteno, Ill.	M. W. Chermak	10,232	.....	598	164	..	..	2	24	280
North Shore Health Resort [1-3]	Winnetka, Ill.	S. Liebman	268	484	7	..	..	2	1	..	...
Central State Hospital [1]	Indianapolis	C. L. Williams	2,440	.....	144	2	4	4	2	..	375
Indianapolis General Hospital [1-102-103]	Indianapolis	E. Mericle	405	1,031	11	5	1	3	3	28	150
Indiana University Medical Center [1]	Indianapolis	H. Gaskill	405	3,837	11	5	12	39	3	28	335
Norways Foundation Hospital [1-3]	Indianapolis	C. K. Hepburn	773	1,428	11	2	2	6	2	..	300
Logansport State Hospital [1]	Logansport, Ind.	G. W. Morrow	2,370	591	195	42	6	6	1	..	345
Mental Health Institute [1-3]	Cherokee, Iowa	W. C. Brinegar	2,043	362	111	60	2	4	1	..	300
Mental Health Institute	Independence, Iowa	.....	.....	.....	..	..	..	..	1	..	...
State Psychopathic Hospital [1-3]	Iowa City, Iowa	W. R. Miller	332	4,818	..	..	4	12	3	..	200
Halstead Hospital [1]	Halstead, Kans.	T. L. Foster	347	.....	1	..	1	2	2	..	250
University of Kansas Medical Center [1-3]	Kansas City, Kans.	Wm. Roth, Jr.	141	686	..	..	3	9	3	..	175
Menninger Psychiatric Hospital [1-3]	Topeka, Kans.	K. A. Menninger	262	22,146	..	..	15	39	3	29	300
Topeka State Hospital	Topeka, Kans.	.....	.....	.....	..	..	..	..	3	29	...
Central State Hospital	Lakeland, Ky.	.....	.....	.....	..	..	..	..	3	29	...
University of Louisville Hospitals Louisville General Hospital [1-3]	Louisville, Ky.	S. S. Ackerly	732	2,017	3	3	1	1	3	33	200
Norton Memorial Infirmary [1-3]	Louisville, Ky.	S. S. Ackerly	270	595	2	..	1	3	3	33	200
Charity Hospital of Louisiana Louisiana State University Unit [1-3]	New Orleans, La.	R. A. Matthews	280	5,896	9	4	2	6	3	35	40
Tulane Unit [1-3]	New Orleans, La.	R. G. Heath	204	5,975	7	4	2	6	3	34	40
De Paul Sanitarium [1-3]	New Orleans, La.	W. J. Otis	1,280	748	21	7	2	6	1	..	200
Johns Hopkins Hospital [1-3]	Baltimore	J. C. Whitehorn	342	5,446	1	1	..	18	3	36	...
Seton Institute [1-3]	Baltimore	W. O. Jahrreiss	633	100	13	..	3	10	2	..	125
Spring Grove State Hospital [1-3]	Catonsville, Md.	I. Tuerk	3,160	564	134	41	3	9	2	..	300
Chestnut Lodge [1-3]	Rockville, Md.	D. M. Bullard	116	3,855	1	..	..	6	1	..	250
Springfield State Hospital [1-3]	Sykesville, Md.	M. V. Beyer	3,804	.....	190	57	2	4	2	..	400
Sheppard & Enoch Pratt Hospital [1]	Towson, Md.	H. M. Murdock	963	.....	11	6	5	12	3	..	166
Beth Israel Hospital [1-3]	Boston	L. Bibring	.....	1,637	..	..	..	6	1	..	200
Boston Psychopathic Hospital [1-3]	Boston	H. C. Solomon	300	10,776	2	..	..	25	3	..	167
Boston State Hospital [1-3]	Boston	J. Mann	4,446	4,048	323	75	12	26	2	..	250
Massachusetts General Hospital [1-3]	Boston	S. Cobb	197	4,852	..	..	2	3	2	40	100
Massachusetts Memorial Hospitals [1-3]	Boston	W. Mahamud	...	3,753	..	..	..	8	3	38	250
New England Center Hospital [1-3]	Boston	J. M. Hope	.....	.....	..	..	1	3	1	..	83.33
St. Elizabeth's Hospital [1-3]	Boston, Mass.	N. Flanagan	556	367	1	..	1	1	1	..	125
Foxborough State Hospital [1-3]	Foxborough, Mass.	J. T. Shea	1,648	616	129	38	2	2	2	..	235
Danvers State Hospital [1-3]	Hathorne, Mass.	C. A. Bonner	3,274	316	287	54	2	2	1	..	255
Medfield State Hospital [1-3]	Medfield, Mass.	T. F. Lindberg	1,960	198	149	32	2	2	1	..	255
Northampton State Hospital [1-3]	Northampton, Mass.	J. H. Longpre	3,192	320	290	..	1	1	1	..	235
Austen Riggs Center [1-3]	Stockbridge, Mass.	R. P. Knight	143	3,469	..	..	..	5	2	..	235
Taunton State Hospital [1-3]	Taunton, Mass.	B. E. Zawacki	2,733	...	272	37	3	3	2	..	500
Metropolitan State Hospital [1-3]	Waltham, Mass.	M. Aseikoff	2,802	382	171	47	..	3	2	..	255
McLean Hospital [1-3]	Waverley, Mass.	P. M. Howard	427	...	24	8	1	5	2	40	...
Worcester City Hospital [1-3]	Worcester, Mass.	F. L. Vibber	646	1,192	109	51	1	1	1	..	200
Worcester State Hospital [1-3]	Worcester, Mass.	D. Rothschild	3,635	1,346	279	18	6	14	3	..	...
University Hospital [1-3]	Ann Arbor, Mich.	R. W. Waggoner	538	8,085	...	..	6	24	3	..	291.66
St. Joseph's Retreat [1-3]	Dearborn, Mich.	M. H. Hoffmann	1,488	293	13	3	2	2	1	..	350
City of Detroit Receiving Hospital [1-3]	Detroit	J. Dorsey	6,393	518	57	43	1	2	3	44	254
Henry Ford Hospital [1-3]	Detroit	L. D. Proctor	519	8,144	23	17	1	4	3	41	275
Wayne County General Hospital [1-3]	Eloise, Mich.	R. Leiser	5,652	7,833	274	78	5	15	3	10	483.33
Kalamazoo State Hospital [1]	Kalamazoo, Mich.	C. M. Schrier	1,619	.....	231	8	..	1	2	45	583
Pontiac State Hospital [1-3]	Pontiac, Mich.	P. V. Wagley	4,699	3,087	194	69	5	10	3	10	484
Traverse City State Hospital [1-3]	Traverse City, Mich.	R. P. Sheets	4,448	1,289	...	..	4	7	2	..	484
Ypsilanti State Hospital [1-3]	Ypsilanti, Mich.	O. R. Yoder	5,305	1,652	369	96	9	17	3	..	484
Hastings State Hospital	Hastings, Minn.	R. Rossen	1,900	300	..	..	6	24	1	..	150
Minneapolis General Hospital [1-3]	Minneapolis	J. C. Michael	718	...	14	11	..	1	1	..	109
University of Minnesota Hospitals [1-3]	Minneapolis	D. W. Hastings	290	2,377	1	1	2	..	4	..	150
Mayo Foundation [1-3]	Rochester, Minn.	H. P. Rome	1,859	2,688	80	80	5	13	3	47	150
Rochester State Hospital [1-3]	Rochester, Minn.	M. C. Petersen	2,427	...	150	74	..	3	1	..	250

Numerical and other references will be found on pages 373 and 374.

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23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Program Identification	Beginning Salary (Month)
Kansas City General Hospital No. 1	Kansas City	M. L. Bills	408	1,520	2	1	2	6	1	..	166.66
State Hospital No. 2 [1]	St. Joseph, Mo.	O. Mullinax	2,300	92	138	14	2	2	1	..	200
Barnes Hospital [1-2]	St. Louis, Mo.	E. F. Gildea	584	2,519	5	2	6	13	3	11	50
Homer G. Phillips Hospital [1-2]	St. Louis, Mo.	E. F. Gildea	837	2,105	85	11	3	7	2	..	150
St. Louis City Hospital [1-2]	St. Louis, Mo.	E. Gildea									
		R. Britt	1,541	1,790	..	21	4	10	3	..	137.75
St. Louis State Hospital [1-2]	St. Louis, Mo.	L. H. Kohler	3,766	1,102	190	71	7	19	3	..	250
St. Mary's Group of Hospitals [1-2]	St. Louis, Mo.	F. M. Grogan	403	1,336	5	3	1	3	3	50	65
Hastings State Hospital [1-2]	Ingleside, Neb.	G. L. Sandfritter	3,712	465	173	35	2	8	2	52	400
Norfolk State Hospital [1]	Norfolk, Neb.	C. G. Ingham	1,182	377	86	6	3	3	1	52	400
Creighton Memorial St. Joseph's Hospital [1]	Omaha	F. Barta	998	2,252	8	2	3	6	2	..	150
Lutheran Hospital [1]	Omaha	R. S. Wigton	1,047	736	4	..	1	2	2	..	200
University of Nebraska Hospital [1-2]	Omaha	R. B. Young	..	460	..	6	18	31	3	51	175
New Hampshire State Hospital [1-2]	Concord, N. H.	J. L. Smalldon	3,699	125	262	61	2	2	1	..	235
Essex County Overbrook Hospital [1-2]	Cedar Grove, N. J.	E. N. Plesants	4,201	540	345	70	5	9	2	..	308.33
New Jersey State Hospital	Greystone Park, N. J.	.....	.....	.....	.....	..	..	..	2	..	....
New Jersey State Hospital	Marlboro, N. J.	J. B. Gordon	4,899	1,292	356	127	..	2	2	11	300
New Jersey State Hospital [1]	Trenton, N. J.	H. S. Macee	6,969	....	308	67	6	10	2	..	455
Albany Hospital [1-2]	Albany, N. Y.	W. L. Holt, Jr.	1,424	913	12	5	2	3	2	..	135
Binghamton State Hospital [1-2]	Binghamton, N. Y.	O. H. Boltz	3,435	900	285	64	..	4	2	..	395.58
Brooklyn State Hospital [1-2]	Brooklyn, N. Y.	N. Beckenstein	....	....	..	..	17	17	3	..	....
Kings County Hospital [1-2]	Brooklyn, N. Y.										
Buffalo State Hospital [1-2]	Buffalo, N. Y.	D. Whitehead	3,776	298	376	108	2	6	3	..	394.60
Edward J. Meyer Memorial Hospital [1]	Buffalo, N. Y.	S. M. Small	2,441	1,598	84	23	1	3	2	..	179
Central Islip State Hospital [1-2]	Central Islip, N. Y.	F. J. O'Neill	11,192	3,317	800	231	6	18	3	..	394.61
Hillside Hospital [1-2]	Glen Oaks, N. Y.	A. S. Lemmer	88	4,615	..	6	13	13	3	10	200
Gowanda State Homeopathic Hospital [1-2]	Helmuth, N. Y.	R. V. Foster	3,047	1,179	229	38	6	12	2	..	395
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	R. R. Steen	88	58	24	17	1	2	1	..	225
Pinewood Sanitarium [1-2]	Katonah, N. Y.	L. Wender	337	....	4	..	1	1	1	..	400
Kings Park State Hospital [1-2]	Kings Park, N. Y.	C. Buckman	11,368	1,040	637	198	2	8	2	..	394.16
River Crest Sanitarium [1-2]	Long Island City, N. Y.	J. C. Kindred	938	1,810	17	5	..	2	1	..	250
Marcy State Hospital [1-2]	Marcy, N. Y.	G. L. Warner	2,872	591	205	12	5	15	2	..	394.60
Middletown State Homeopathic Hospital [1-2]	Middletown, N. Y.	W. A. Schmitz	3,860	1,168	247	68	6	6	2	..	394.60
Bellevue Hospital Center, Division III—											
New York University College of Medicine [1-2]	New York City	L. I. Sharp	10,933	11,576	593	161	23	65	3	58	98
Manhattan State Hospital [1-2]	New York City	J. H. Travis	3,345	1,410	421	82	8	18	3	59	394.60
Mt. Sinai Hospital [1-2]	New York City	M. R. Kaufman	111	7,426	2	..	3	9	2	..	....
New York Hospital [1-2]	New York City	O. Diethelm	308	8,307	..	..	4	13	3	..	50
New York State Psychiatric Institute [1-2]	New York City	N. D. C. Lewis	376	1,139	..	..	7	21	3	..	394.60
New York University—Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)									
University Hospital [1-2]	New York City	S. B. Wortis	21	4,627	..	..	2	2	1	58	85
Roosevelt Hospital [1-2]	New York City	R. W. Laidlaw	62	2,943	1	..	..	1	1	..	....
St. Lawrence State Hospital [1-2]	Ogdensburg, N. Y.	G. F. Elting	2,733	260	153	34	4	8	2	..	394.60
Rockland State Hospital [1-2]	Orangeburg, N. Y.	A. M. Stanley	8,877	4,187	453	101	..	..	3	10	394.60
Stony Lodge [1-2]	Ossining, N. Y.	E. C. Glueck	100	10,000	1	1	2	2	1	..	200
High Point Hospital [1-2]	Port Chester, N. Y.	A. Gralnick	121	....	1	..	3	3	1	..	300
Hudson River State Hospital [1-2]	Poughkeepsie, N. Y.	O. A. Kilpatrick	5,936	9,879	439	46	4	4	2	62	394.61
Creedmoor State Hospital [1-2]	Queens Village, N. Y.	H. A. Labart	6,078	3,302	387	56	9	33	2	..	394.60
Rochester State Hospital [1-2]	Rochester, N. Y.	C. F. Terrence	3,360	1,801	427	53	2	7	3	64	....
Strong Memorial-Rochester Municipal Hospitals [1-2]	Rochester, N. Y.	J. Romano	1,013	7,635	4	3	4	12	3	63	41.66
Ellis Hospital [1]	Schenectady, N. Y.	E. Davidoff	713	5,899	8	..	2	3	2	..	....
Syracuse Psychopathic Hospital [1-2]	Syracuse, N. Y.	R. F. Bindley	604	1,557	6	2	2	6	3	66	393
Letchworth Village [1-2]	Thiells, N. Y.	H. C. Storrs	424	35	61	39	2	3	1	..	394.60
Utica State Hospital [1-2]	Utica, N. Y.	B. B. Young	2,802	1,381	366	68	..	4	2	..	294.60
Grasslands Hospital [1-2]	Valhalla, N. Y.	F. V. Rockwell	1,186	1,531	21	10	2	7	3	..	125
Pilgrim State Hospital [1-2]	W. Brentwood, N. Y.	H. J. Worthing	12,896	2,815	1,164	337	20	40	3	..	390.64
New York Hospital—Westchester Division [1-2]	White Plains, N. Y.	J. H. Wall	716	....	18	9	4	9	3	..	150
Willard State Hospital [1-2]	Willard, N. Y.	J. Kelly	3,179	3,357	189	48	4	8	2	..	394.61
Harlem Valley State Hospital [1-2]	Wingdale, N. Y.	L. P. O'Donnell	6,051	1,404	333	112	3	6	2	55	394.61
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	G. C. Ham	65	.....	....	..	5	8	3	..	....
Duke Hospital [1-2]	Durham, N. C.	H. Lowenbach	392	2,460	..	..	3	6	3	..	100
State Hospital of Raleigh [1-2]	Raleigh, C.	D. A. Young	2,327	....	112	34	4	8	2	..	300
Grayling North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	L. J. Thompson	2	750	..	..	..	2	3	..	41.66
Windsor Hospital [1-2]	Chagrin Falls, Ohio	J. H. Nichols	688	....	6	..	..	1	1	70	300
Christ Hospital [1]	Cincinnati	H. D. Fabing	602	....	7	5	1	1	1	..	200
Cincinnati General Hospital [1-2-13]	Cincinnati	M. Levine	1,364	11,246	14	6	11	33	3	68	....
Longview State Hospital [1-2]	Cincinnati	D. Goldman	4,089	2,100	292	85	3	6	1	..	275
Cleveland Clinic Hospital [1-2]	Cleveland	L. J. Karnosh	....	....	..	..	1	2	2	70	175
Cleveland Receiving Hospital [1-2]	Cleveland	W. G. Stover	1,092	757	20	9	..	..	2	..	460
University Hospitals [1-2]	Cleveland	D. D. Bond	155	4,983	1	..	3	12	2	71	42.50
Columbus State Hospital [1-2]	Columbus, Ohio	B. Kovitz	3,305	1,100	221	120	6	18	2	10	440
University Hospitals											
Columbus Receiving Hospital [1]	Columbus, Ohio	R. M. Patterson	410	372	1	1	5	15	3	10	291.75
Massillon State Hospital [1-2]	Massillon, Ohio	A. G. Hyde	3,290	1,025	224	45	2	4	1	..	224
Harding Sanitarium [1]	Worthington, Ohio	H. S. Evans	705	5,633	16	2	2	5	2	..	....
Central State Hospital [1]	Norman, Okla.	H. B. Witten	4,573	....	202	..	4	8	1	..	....
Oregon State Hospital [1]	Salem, Ore.	D. K. Brooks	5,679	....	448	161	..	4	1	..	571
Allentown State Hospital [1]	Allentown, Pa.	R. W. Goshorn	2,913	....	171	15	3	3	1	..	225.50
Danville State Hospital [1]	Danville, Pa.	V. J. Cassone	2,956	1,273	162	25	10	10	2	..	283.50
Embreeville State Hospital	Embreeville, Pa.	.....	.....	.....	.....	..	..	..	1	..	....
Harrisburg State Hospital [1-2]	Harrisburg, Pa.	H. K. Petry	3,022	358	180	57	3	6	2	..	393.50
Norristown State Hospital [1]	Norristown, Pa.	A. P. Noyes	6,577	4,602	308	85	4	8	3	..	393.50
Albert Einstein Medical Center,											
Southern Division [1-2]	Philadelphia	P. Sloane	12	2,924	2	2	..	1	1	..	125
Friends Hospital [1-2]	Philadelphia	T. L. Dehne	468	575	8	2	2	4	2	..	250
Hospital of the University of Pennsylvania [1-2]	Philadelphia	K. Appel	....	9,835	..	..	..	7	2	..	....
Institute of The Pennsylvania Hospital [1-2]	Philadelphia	L. H. Smith	362	8,843	1	..	12	24	2	72	166.67
Jefferson Medical College Hospital [1-2]	Philadelphia	B. L. Keyes	53	2,156	1	..	..	..	1	..	....
Pennsylvania Hospital Department for Mental											
and Nervous Diseases [1-2]	Philadelphia	L. H. Smith	566	....	23	..	12	24	2	72	166.67
Philadelphia General Hospital [1-2]	Philadelphia	J. F. Stouffer	2,088	5,430	76	20	3	8	3	..	112.34
Philadelphia Psychiatric Hospital [1-2]	Philadelphia	N. W. Winkelman	554	1,387	1	..	4	8	2	..	166.66
Philadelphia State Hospital [1-2]	Philadelphia	E. L. Sielke	6,803	839	309	25	6	12	2	..	283.50
Temple University Hospital [1-2]	Philadelphia	O. S. English	135	10,624	..	..	2	6	3	74	50
St. Francis Hospital [1-2]	Pittsburgh	H. L. Mitchell	2,840	445	57	15	1	3	2	..	150
Western Psychiatric Institute and Clinic	Pittsburgh	H. W. Brosin	280	4,189	5	4	10	30	3	75	272.50
Warren State Hospital [1-2]	Warren, Pa.	R. Israel	3,999	295	347	20	8	18	2	..	393
Woodville State Hospital [1]	Woodville, Pa.	R. J. Phifer	4,196	100	200	2	4	4	1	..	393.50
State Hospital for Mental Diseases [1-2]	Howard, R. I.	John F. Regan	4,720	600	350	83	8	14	2	..	....
Butler Hospital [1-2]	Providence, R. I.	H. H. Babcock	291	1,333	23	4	2	6	2	..	170

Numerical and other references will be found on pages 373 and 374.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Length of Approved Program (Years)	Program Identification	Beginning Stipend (Month)
Charles V. Chapin Hospital [1-3]	Providence, R. I.	W. N. Hughes	854	416	12	5	2	2	1	..	412.75
Emma Pendleton Bradley Home [1-3]	Riverside, R. I.	M. W. Laufer	80	350	..	..	..	3	1	..	250
Gailor Psychiatric Hospital [1-3]	Memphis, Tenn.	T. S. Hill	334	5,337	1	..	1	3	3	..	200
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	W. F. Orr	108	1,540	..	..	2	6	3	75	50
Beverly Hills Clinic & Sanitarium [1-3]	Dallas, Texas	A. J. Schwenkenberg	1,085	2,000	12	3	2	4	1	..	500
Parkland Hospital [1-3]	Dallas, Texas	G. Witt	309	935	5	2	2	4	3	10	50
Timberlawn Sanitarium	Dallas, Texas	G. F. Witt	589	....	3	..	3	6	2	..	200
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	T. H. Harris	2,211	5,679	19	5	9	27	3	77	....
Salt Lake County General Hospital [1-3]	Salt Lake City, Utah	C. H. Branch	364	941	2	2	..	10	2	..	....
Brattleboro Retreat	Brattleboro, Vt.	....	....	....	....	....	....	....	1	..	....
Vermont State Hospital [1-3]	Waterbury, Vt.	R. A. Chittick	1,737	....	144	25	2	4	2	..	200
University of Virginia Hospital [1-3]	Charlottesville, Va.	D. C. Wilson	684	1,026	7	2	8	20	3	80	220
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	R. F. Gayle, Jr.	729	3,531	7	1	1	3	3	..	....
Eastern State Hospital [1]	Williamsburg, Va.	G. L. Jones	2,877	....	233	42	2	9	2	81	522.67
Western State Hospital [1]	Fort Steilacoom, Wash.	E. A. Posell	4,291	....	349	129	5	9	2	..	471
Eastern State Hospital [1-3]	Medical Lake, Wash.	....	2,781	766	202	7	2	8	2	..	400
Pinel Foundation [1-3]	Seattle, Wash.	A. Marshall	174	2,636	1	..	1	3	1	..	350
University Hospitals [1-3]	Madison, Wis.	W. J. Bleckwenn	1,145	3,318	18	12	4	12	3	..	50
Milwaukee County Hospital for Mental Diseases [1]	Milwaukee, Wis.	M. Kasak	1,998	549	27	14	3	9	2	10	100
Milwaukee Sanitarium [1-3]	Wauwatosa, Wis.	J. A. Kindwall	646	....	..	..	..	1	1	..	....
Queen's Hospital [1-3]	Honolulu, T. H.	J. G. Lynn	595	231	..	3	3	4	2	..	135
Territorial Hospital [1]	Oahu, T. H.	R. A. Kimmick	1,700	1,500	..	..	2	4	2	..	633.33

PSYCHIATRY PROGRAM IDENTIFICATION

10. Service in child psychiatry.
11. Six months service at Los Angeles County Hospital, Los Angeles.
12. Nine months service at Mount Zion Hospital, six months at Langley Porter Clinic and service in child psychiatry, San Francisco.
13. Three months of service at Napa State Hospital, San Francisco Hospital, Stockton State Hospital, Sonoma State Home and San Quentin Prison; and six months at Colwell Memorial Hospital.
14. Three months service Fort Miley Veterans Administration Hospital, San Francisco, and Langley Porter Clinic, San Francisco; may include elective services in University of California Hospital, Mount Zion Hospital and Stanford University (Lane) Hospital, San Francisco.
15. Three months service at Pacific Colony Hospital, Spadra and three months service in child psychiatry at Camarillo State Hospital.
16. Affiliate services at Colorado General and Denver General Hospitals.
17. Affiliate service at Veterans Administration Hospital, West Haven, Connecticut State Hospital, Fairfield State Hospital, Norwich State Hospital and service in child psychiatry.
18. Twelve months service at University Services, Grace-New Haven Community Hospital, New Haven, Connecticut.
19. Six months service at Governor Bacon Health Center, Delaware City.
20. Two months service at George Washington University Hospital, Washington, D. C.
21. Affiliate service at University Hospital, Augusta, Georgia.
22. Twelve months service at the Neuropsychiatric Institute of the University of Illinois including service in child psychiatry.
23. Eighteen months affiliate service including service at the Neuropsychiatric Institute of the University of Illinois and three months in child psychiatry.
24. Affiliate service at Neuropsychiatric Institute of the University of Illinois and service in child psychiatry.
25. Three months service at Veterans Administration Hospital, Downey, Illinois and service in child psychiatry.
26. Six months service at Veterans Administration Hospital, Hines, Illinois. May include service in child psychiatry.
27. Six months service in child psychiatry.
28. Integrated program including service at Veterans Administration Hospital, Indianapolis General Hospital and Indiana University Medical Center and Affiliated Hospitals, Indianapolis.
29. Integrated program including service at Veterans Administration Hospital, Menninger Sanitarium and Topeka State Hospital, Topeka, Kansas.
30. Four months service at University of Louisville Services, Louisville, Kentucky and four months service at Cincinnati General Hospital, Cincinnati, Ohio.
31. Three months service at University of Louisville Services, Louisville, Kentucky.
32. Twelve months service at University of Louisville Services. May include four months service at Central State Hospital; four months service at Louisville General Hospital.
33. Four months service at Central State Hospital and service in child psychiatry.
34. Integrated program including service at Tulane University Unit, Charity Hospital, New Orleans, and Veterans Administration Hospitals, New Orleans, and Gulfport, Mississippi.
35. Six months service in child psychiatry and twelve months service at South Louisiana State Hospital.
36. Service in child psychiatry; six months service at Veterans Administration Hospital, Perry Point, Maryland.
37. Three months service in child psychiatry at Johns Hopkins Hospital (Harriet Lane House), Baltimore, Maryland.
38. Twelve months service at Boston State Hospital and service in child psychiatry.
39. Twelve-eighteen months service at Veterans Administration Hospital, Boston (Jamaica Plain), Massachusetts, and six months service in child psychiatry.
40. Integrated program including service at Massachusetts General Hospital and McLean Hospital, Waverly.
41. Twelve months service at University Hospital, Ann Arbor, Mich.
42. University Hospital, Ann Arbor, Michigan.
43. Three months service Coldwater State Home and Training School, Caro State and Ionia State Hospitals and service in child psychiatry.
44. Six months service in child psychiatry at Children's Hospital, Detroit.
45. Six months service at City of Detroit Receiving Hospital, Children's Hospital, Detroit, and Wayne County General Hospital and Infirmary, Eloise, Michigan.
46. University of Minnesota Hospitals, Minneapolis, Minnesota.
47. Three months service at Rochester State Hospital, Rochester, Minn.
48. Affiliate service at Barnes Hospital, St. Louis and three months at St. Louis State Hospital.
49. Six months service at Barnes Hospital, St. Louis, Missouri.
50. Service at St. Louis State Hospital and St. Louis City Hospital.
51. Service at Lutheran Hospital, Omaha.
52. Service at University of Nebraska Hospital.
53. Affiliate service at University of Nebraska Hospital and Creighton Memorial-St. Joseph Hospital, Omaha, Nebraska.
54. Six months service at Newark City Hospital; three months at New Jersey State Hospital and three months in child psychiatry.
55. Three months service at Albany Hospital, Albany, New York.
56. Affiliate services at Edward J. Meyer Memorial Hospital and Buffalo State Hospital.
57. Six months service at King's County Hospital, Brooklyn, New York.
58. Integrated program with service at Bellevue Hospital Center and University Hospital.
59. Six months service at Mount Sinai Hospital, New York City.
60. Service in child psychiatry. May include six months service at Mount Sinai Hospital and three months at Manhattan State Hospital.
61. Twelve months service at New York Hospital and four months at Veterans Administration Hospital, New York City (Bronx), New York.
62. Three months service at Grasslands, Rockland State, Albany Hospitals and Letchworth Village.
63. Six months service at Rochester State Hospital, Rochester, New York.
64. Six months service at Strong Memorial-Rochester Municipal Hospitals, Rochester.
65. Affiliate service at Strong Memorial-Rochester Municipal Hospitals.
66. Three months service at Syracuse Memorial, Binghamton, Syracuse and Willard State Hospitals, service at Craig Colony and service in child psychiatry.
67. Affiliate service at State Hospitals at Raleigh and Butner, North Carolina.
68. Eighteen months service at Duke Hospital, Durham, North Carolina.
69. Three months service at Longview State and Jewish Hospitals, Cincinnati.
70. Integrated program including service at Cleveland Clinic and Windsor Hospital.
71. Integrated program including service at University Hospital and Veterans Administration Hospital, Cleveland, Ohio.
72. Integrated program with service at Institute of the Pennsylvania Hospital and Pennsylvania Hospital Department for Mental and Nervous Diseases.
73. Affiliate services at Temple University Hospital, Institute of Pennsylvania, Hospital of the Woman's Medical College of Pennsylvania.
74. Six months service at Philadelphia General Hospital and service in child psychiatry.
75. Two months affiliate service for institutional care.
76. Integrated program including service at Vanderbilt University Hospital, Veterans Administration Hospital, Nashville, Veterans Administration Hospital, Murfreesboro and Central State Hospital, Nashville.
77. Four months affiliate service at St. Mary's Infirmary, Galveston, Texas.
78. Service in child psychiatry at Jefferson Davis Hospital, Houston, Texas.
79. Six months affiliate service at Veterans Administration Hospital, Salt Lake City, Utah and affiliate services at State Hospital, Provo, Utah.
80. Integrated program including service at University of Virginia Hospital, Charlottesville and Veterans Administration Hospital, Roanoke, Va.
81. Affiliate service at Southwestern State Hospital, Marion and Lynchburg State Colony, Lynchburg, Va.
82. Six months service at Medical College of Virginia—Hospital Division, Richmond and service in child psychiatry.
83. Six months service at Veterans Administration Hospital, American Lake, Washington and six months in child psychiatry.

Numerical and other references will be found on pages 373 and 374.

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24. PULMONARY DISEASES

The following services have been approved for one year of training by the Council and the Subspecialty Board for Pulmonary Diseases of the American Board of Internal Medicine.

Hospitals, 110; Assistant Residencies and Residencies, 435

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Salary (Month)
FEDERAL									
UNITED STATES ARMY									
Fitzsimons Army Hospital [66]	Denver, Colo.	C. W. Tempel	3,115	2,724	26	18	12	12	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-3]	Washington, D. C.	H. M. Payne	136	6,091	37	12	..	3	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	K. M. Smith	790	4,616	51	39	..	2	...
Veterans Admin. Hospital [1-3]	Rutland Heights, Mass.	S. T. Allison	1,121	1,335	47	36	1	1	...
Veterans Admin. Hospital [1-3]	Minneapolis	W. B. Tucker	843	622	48	33	..	..	...
Veterans Admin. Hospital [1-3]	Excelsior Springs, Mo.	R. K. Smith	689	131	16	7	3	12	...
Veterans Admin. Hospital [1]	Albuquerque, N. Mex.	W. S. Klein	973	2,554	18	15	1	1	...
Veterans Admin. Hospital [1-3]	Castle Point, N. Y.	C. F. Kaufman	1,103	286	39	32	2	2	...
Veterans Admin. Hospital [1-3]	Sunmount, N. Y.	J. W. Raleigh	1,023	1,792	14	6	3	3	...
Veterans Admin. Hospital [1-3]	Oteen, N. C.	W. S. Schwartz	2,671	4,110	92	52	6	6	...
Veterans Admin. Hospital [1-3]	Brecksville, Ohio	J. O'Hale	394	.....	20	9	3	3	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	S. Phillips	433	335	20	13	3	3	...
Veterans Admin. Hospital [1-3]	Houston, Texas	D. E. Jenkins	813	446	52	49	..	2	...
Veterans Admin. Hospital [1]	McKinney, Texas	D. O. Shields	394	698	14	9	2	4	...
Veterans Admin. Hospital [1]	Richmond, Va.	J. P. Williams	544	2,743	33	17	..	2	...
Veterans Admin. Hospital [1-3]	Madison, Wis.	J. K. Curtis	491	83	4	3	5	8	...
Veterans Admin. Hospital [1]	Milwaukee	R. Hemphill	582	884	25	22	2	2	...
NONFEDERAL									
City of Hope [1-3]	Duarte, Calif.	A. E. T. Rovers	438	.....	19	9	5	5	300
Arroyo Del Valle Sanatorium [1-3]	Livermore, Calif.	J. T. Duncan	438	1,417	7	2	1	1	291
Barlow Sanatorium [1]	Los Angeles	H. W. Bosworth	226	1,147	2	..	2	2	100
Bret Harte Sanatorium [1]	Murphys, Calif.	C. N. Reese	630	6,889	28	4	3	3	420
San Diego County General Hospital [1-3]	San Diego	M. J. Brown	317	2,572	27	9	1	3	150
San Francisco Hospital	San Francisco								
Stanford University Service [1]		H. C. Hinshaw	400	.....	56	9	1	2	175
University of California Service [1]		S. M. Farber	436	.....	54	12	1	3	175
Santa Clara County Hospital [1]	San Jose, Calif.	R. M. Housen	177	12,903	22	9	1	3	425
Fairmont Hospital of Alameda County [1-3]	San Leandro, Calif.	J. L. Eaton	504	2,267	49	9	1	2	170
Tulare-Kings Counties Joint Tuberculosis Hosp. [1-3]	Springville, Calif.	W. A. Winn	472	2,645	12	7	2	2	500
National Jewish Hospital [1-3]	Denver	S. H. Dressler	527	380	18	11	2	5	200
Norwich State Tuberculosis Hospital [1-3]	Norwich, Conn.	G. C. Wilson	855	1,610	42	22	1	1	260
Laurel Heights State Tuberculosis Sanatorium [1-3]	Shelton, Conn.	E. J. Lynch	503	2,795	21	9	2	2	200
Gallinger Municipal Hospital [1-3]	Washington, D. C.	S. Katz	271	565	49	7	1	3	109
Tuberculosis Sanatorium (Glen Dale, Md., P. O.)	Washington, D. C.	M. Weiss	1,148	.....	50	18	4	4	283.33
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	M. R. Lichtenstein	1,274	161,630	133	88	6	6	175
Peoria Municipal Tuberculosis Sanitarium [1-3]	Peoria, Ill.	D. Morse	185	1,340	7	3	1	1	250
Rockford Municipal Tuberculosis Sanatorium	Rockford, Ill.	W. J. Bryan	278	3,367	..	..	..	2	
Lake County Tuberculosis Sanatorium [1-3]	Waukegan, Ill.	C. K. Petter	279	8,647	18	10	1	2	200
Indianapolis General Hospital [1]	Indianapolis	J. Stygall	120	3,436	12	3	1	1	320
Sunnyside Sanatorium [1]	Indianapolis	F. L. Jennings	371	1,504	37	11	1	1	...
Healthwin Hospital [1]	South Bend, Ind.	E. W. Custer	366	1,166	18	6	2	2	300
Charity Hospital of Louisiana									
Louisiana State University Unit [1-3]	New Orleans	E. Hull	383	5,854	75	12	1	3	100
Tulane University Unit [1-3]	New Orleans	G. E. Burch	335	6,191	62	9	1	3	100
Central Maine Sanatorium [1-3]	Fairfield, Maine	W. B. Grow	323	2,249	23	11	1	1	75
Baltimore City Hospitals [1-3]	Baltimore	H. V. Lanchetti	518	.....	36	13	2	4	75
Boston Sanatorium [1-3]	Boston	J. A. Foley	1,022	.....	75	18	..	5	230
Fall River General Hospital	Fall River, Mass.	.....	.....	.....	..	..	..	..	...
Middlesex County Sanatorium [1-3]	Waltham, Mass.	F. P. Dawson	636	19,428	38	16	2	2	443
Westfield State Sanatorium [1-3]	Westfield, Mass.	J. M. Housen	1,666	4,829	12	8	3	3	400
Belmont Hospital [1-3]	Worcester, Mass.	O. Felmsilver	235	3,614	24	6	2	2	500
American Legion Hospital [1]	Battle Creek, Mich.	E. H. Roberts	555	439	15	..	1	1	...
Henry Ford Hospital [1-3]	Detroit	B. E. Goodrich	.....	.....	..	..	1	4	225
Herman Kiefer Hospital [1-3]	Detroit	P. T. Chapman	2,159	76,938	114	57	12	13	4 6
Michigan State Sanatorium [1]	Howell, Mich.	E. W. Geddes	612	2,781	17	..	4	4	711
Ingham Sanatorium [3]	Lansing, Mich.	C. J. Stringer	277	28,830	16	7	1	2	400
Morgan Heights Sanatorium [1-3]	Marquette, Mich.	J. R. Acocks	174	4,862	9	3	1	1	400
Wm. H. Maybury Sanatorium [1]	Northville, Mich.	W. L. Howard	1,586	.....	72	25	3	3	4.66
Nopeming Sanatorium [1]	Nopeming, Minn.	G. A. Hedberg	581	6,678	17	12	..	2	...
Glen Lake Sanatorium [1-3]	Oak Terrace, Minn.	R. H. Frost	1,091	31,663	61	35	..	1	280
Mississippi State Tuberculosis Sanatorium [1]	Sanatorium, Miss.	H. Boswell	900	2,329	24	1	2	2	300
Robert Koch Hospital [1-3]	Koch, Mo.	B. Friedman	1,103	.....	89	10	5	15	215.50
St. Mary's Group of Hospitals [1-3]	St. Louis	.....	336	2,385	24	9	1	1	65
New Jersey Sanatorium for Tuberculous Diseases [1-3]	Glen Gardner, N. J.	J. A. Smith	505	3,229	16	10	5	5	455
Berthold S. Pollak Hospital for Chest Diseases	Jersey City, N. J.	B. P. Potter	1,462	4,528	134	33	8	8	...
Bergen Pines County Hospital [1-3]	Paramus, N. J.	R. R. Little	321	11,260	57	19	2	2	200
Essex County Sanatorium [1-3]	Verona, N. J.	A. M. Hicks	704	.....	81	30	3	5	308.33
Albany Hospital [1-3]	Albany, N. Y.	R. J. Thickson	286	1,666	27	20	2	3	135
Montefiore Hospital Country Sanatorium [1-3]	Bedford Hills, N. Y.	R. G. Bloch	487	.....	..	..	3	4	...
Kings County Hospital [1-3]	Brooklyn	C. Hamilton	612	10,374	53	9	4	4	150
Kingston Avenue Hospital [1-3] [183]	Brooklyn	I. Kaufman	208	.....	27	9	5	5	150.83
Edward J. Meyer Memorial Hospital [1]	Buffalo	H. G. Dayman	634	1,339	52	18	..	1	170
Nassau County Tuberculosis Hospital [1-3]	Farmingdale, N. Y.	J. G. Carlton	479	13,203	36	28	4	6	150
Hermann M. Biggs Memorial Hospital [1-3]	Ithaca, N. Y.	N. S. Lincoln	475	8,394	13	4	1	3	400
Triboro Hospital [1-3]	Jamaica, N. Y.	R. H. Bennett	1,146	11,315	73	24	12	12	150
Niagara Sanatorium [1-3]	Lockport, N. Y.	A. N. Aitken	334	9,081	13	12	3	3	230.66
Mount Morris Tuberculosis Hospital [1-3]	Mount Morris, N. Y.	F. L. Armstrong	456	7,767	18	14	2	2	413.72
Bellevue Hospital Center, Div. I—Columbia University [1-3]	New York City	J. B. Amberson	2,720	10,972	202	37	..	22	98
Lenox Hill Hospital [1-3]	New York City	F. J. McCarthy	75	742	3	..	1	1	180
Manhattan General Hospital [3]	New York City	.....	.....	.....	..	..	..	..	...
Metropolitan Hospital [1-3]	New York City	G. G. Ornstein	663	11,787	67	9	3	5	150
Montefiore Hospital [1-3]	New York City	R. G. Bloch	413	2,449	21	14	3	4	60
Morrisania City Hospital [1-3]	New York City	E. H. Rubin	.....	4,023	..	..	1	1	98
New York City Hospital [1-3]	New York City	J. S. Edlin	490	4,734	29	8	1	1	150
St. Joseph's Hospital for Chest Diseases [3-197-211]	New York City	J. F. McCarthy	394	.....	16	2	3	5	175
Seton Hospital [1-3]	New York City	E. H. Rubin	714	1,179	39	20	9	9	150
Willard Parker Hospital [1-3]	New York City	H. Alexander	277	.....	7	4	3	3	150
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	R. Horton	494	7,132	32	13	2	3	400
Municipal Sanatorium [1-3]	Otisville, N. Y.	J. S. Edlin	908	.....	..	..	7	7	170

Numerical and other references will be found on pages 373 and 374.

24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Ray Brook State Tuberculosis Hospital [1-3]	Ray Brook, N. Y.	F. Beck	594	5,682	..	..	4	4	400
Iola-Monroe County Tuberculosis Sanatorium [1-3-215]	Rochester, N. Y.	J. M. MacMillan	629	17,540	57	33	..	6	345.82
Schenectady County Tuberculosis Hospital [1-3]	Schenectady, N. Y.	J. M. Blake	239	3,065	..	..	2	2	233.33
Sea View Hospital [1-3]	Staten Island, N. Y.	G. G. Ornstein	2,732	455	285	55	20	20	150
Trudeau Sanatorium [1-3]	Trudeau, N. Y.	G. M. Meade	205	.....	4	3	2	2	100
Grasslands Hospital [1-3]	Valhalla, N. Y.	W. G. Childress	571	8,217	22	7	2	7	125
Duke Hospital [1-3-229]	Durham, N. C.	E. E. Menefee	160	647	..	..	..	2	200
North Carolina Sanatorium for the Treatment of Tuberculosis [1-3]	McCain, N. C.	W. M. Peck	1,134	2,221	51	29	2	6	....
City Hospital [1-3]	Cleveland	R. C. McKay	441	.....	57	36	..	..	322
Benjamin Franklin Hospital [1]	Columbus	H. I. Humphrey	560	15,761	40	18	2	2	300
University Hospitals Ohio Tuberculosis Hospital [1-3]	Columbus	R. J. Atwell	218	.....	..	..	2	3	288
Sunny Acres, Cuyahoga County Tuberculosis Hospital [1-3]	Warrensville, Ohio	R. C. McKay H. G. Curtis	747	77,389	36	16	2	2	416
Mahoning Tuberculosis Sanatorium [1-3]	Youngstown, Ohio	H. H. Teitelbaum	286	2,550	16	10	2	2	300
Eagleville Sanatorium [1]	Eagleville, Pa.	.....	305	.....	15	3	1	2	....
Pennsylvania State Hospital [1-3]	Hamburg, Pa.	A. R. Judd C. L. Brown	902	191	62	21	2	2	341
Jefferson Medical College Hospital [1-3]	Philadelphia	J. E. Deitrick	966	.....	20	9	1	1	....
Philadelphia General Hospital [1-3]	Philadelphia	W. Weiss	994	.....	97	30	2	2	112.34
Tuberculosis League Hospital [1-3]	Pittsburgh	C. H. Marcy	452	15,151	17	4	2	2	250
Mount Alto State Sanatorium (Pennsylvania State Sanatorium No. 1)	South Mountain, Pa.	H. C. Dooling	1,484	1,182	58	7	2	11	300
Oakville Memorial Sanatorium [1-205]	Memphis, Tenn.	S. C. Carter	554	143,794	60	16	1	2	200
Woodlawn Hospital [1-3]	Dallas, Texas	E. Mendenhall	106	.....	16	3	1	1	50
Blue Ridge Sanatorium	Charlottesville, Va.	.....	..	.....	..	..	..	..	....
Firland Sanatorium [1-3]	Seattle, Wash.	R. Davies	1,940	994	59	28	3	3	200
Muirdale Sanatorium [1]	Milwaukee	A. V. Cadden	1,242	3,584	45	16	..	1	2 8.92
Wisconsin State Sanatorium [1-3]	Statesan, Wis.	E. F. White	248	.....	4	2	1	1	252.50
Leahi Hospital [1-3]	Honolulu, Hawaii	H. H. Walker	939	2,959	42	9	3	4	....

25. RADIOLOGY

The following services have been approved by the Council and the American Board of Radiology. As indicated in the column "Type of Training" approval has been extended in diagnostic roentgenology (D.R.); roentgenology (Roent)., including diagnostic and therapeutic; therapeutic radiology (Ther. Rad)., and radiology (Rad.), including roentgenology and therapeutic radiology.

Hospitals, 407; Assistant Residencies and Residencies, 1,398

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL											
UNITED STATES ARMY											
Letterman Army Hospital [66]	San Francisco	E. A. Lodmell	Rad.	44,020	4,862	1,216	32	2	6	3	...
Fitzsimons Army Hospital [1-66]	Denver, Colo.	F. Y. Leaver	Roent.	69,215	2,403	475	71	2	6	3	...
Army Medical Center [1-66-67]	Washington, D. C.	H. I. Amory R. J. Healy	Rad.	69,313	10,136	1,641	405	3	9	3	...
Brooke Army Medical Center [65-230]	San Antonio, Texas	J. A. Isherwood	D.R.	70,046	7,646	122	169	3	9	3	...
Tripler Army Hospital [99]	Honolulu, T. H.	A. O. Haff	Roent.	71,687	1,597	348	356	..	..	3	...
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Oakland, Calif.	C. D. Burroughs	Roent.	38,444	1,739	124	20	..	3	2	...
U. S. Naval Hospital [1]	San Diego, Calif.	.....	Rad.	61,109	2,588	700	38	..	4	3	...
U. S. Naval Hospital [1]	Great Lakes, Ill.	J. G. Bultrin	D.R.	30,504	421	968	2	..	1	1	...
U. S. Naval Hospital [1]	Bethesda, Md.	M. W. Mason	Roent.	36,382	4,455	169	12	..	2	2	...
U. S. Naval Hospital [1]	Chelsea, Mass.	J. L. Hatch	Roent.	21,889	595	31	7	..	2	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. F. Williams	Roent.	40,367	1,666	94	50	..	2	3	...
U. S. Naval Hospital [1]	Philadelphia, Pa.	C. Gartenlaub	Roent.	55,358	4,179	72	18	..	3	2	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital [1-3-116]	New Orleans, La.	G. A. Shipman	D.R.	20,779	.....	.....	.....	1	3	2	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	J. Lewis	Rad.	20,579	4,706	871	125	1	4	3	...
U. S. Public Health Service Hospital [1-3]	Staten Island, N. Y.	W. M. Sennott	Roent.	24,431	1,219	305	6	2	4	2	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE											
Freedmen's Hospital [1-3]	Washington, D. C.	C. Kelly	Rad.	18,484	54	315	15	..	2	3	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	J. J. Peters	D.R.	12,962	.....	.....	.....	2	2	3	...
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	F. Isaac	Roent.	48,862	3,181	1,872	6	6	6	2	...
Veterans Admin. Hospital [1-4]	Los Angeles	C. W. McClanahan	Rad.	74,658	9,901	1,781	73	2	8	3	...
Veterans Admin. Hospital [1]	San Francisco	W. W. Saunders	Roent.	18,744	3,115	171	12	1	3	2	...
Veterans Admin. Hospital [1-3-39]	Denver, Colo.	C. F. Ingersoll	D.R.	17,439	848	2	6	3	7	1	...
Veterans Admin. Hospital [1-245]	Newington, Conn.	A. B. Skornseck	D.R.	14,694	.....	30	...	2	4	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	S. R. Bersack	Roent.	12,339	1,350	172	8	1	4	2	...
Veterans Admin. Hospital [1-72-76]	Atlanta, Ga.	I. R. Berger	Roent.	19,101	5,174	496	11	1	3	2	...
Veterans Admin. Hospital [1-3-74]	Augusta, Ga.	S. M. Roberts	D.R.	16,478	1,061	124	7	2	3	1	...
Veterans Admin. Hospital [1-89]	Hines, Ill.	P. L. Hussey	Rad.	90,670	18,191	1,997	56	4	10	3	...
Veterans Admin. Hospital [102]	Indianapolis, Ind.	(See Indiana University Medical Center Hospitals)									
Veterans Admin. Hospital [1]	Indianapolis	M. M. Manulan	Roent.	17,773	3,034	221	18	1	3	2	...
Veterans Admin. Hospital [1-103]	Des Moines, Iowa	P. J. Trier	Roent.	29,901	1,824	264	3	1	3	2	...
Veterans Admin. Hospital	Iowa City, Iowa	G. S. Ludwick	Rad.	14,048	1,814	122	6	1	3	2	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kans.	I. H. Lockwood	Roent.	28,799	2,442	60	2	4	10	2	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	(See University of Louisville Hospitals)									
Veterans Admin. Hospital [1-116]	New Orleans, La.	C. P. Oderr	D.R.	15,452	2,500	175	6	1	4	2	...
Veterans Admin. Hospital [1-3-125]	Fort Howard, Md.	M. Ginsburg	Roent.	12,061	1,259	229	...	1	2	1	...
Veterans Admin. Hospital [1-3-128]	Boston (Jamaica Plain), Mass.	E. Wissing	Roent.	33,275	3,784	158	18	2	4	2	...

Numerical and other references will be found on pages 373 and 374.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Monthly)
Veterans Admin. Hospital [1-3-132]	Boston (West Roxbury), Mass.	M. J. LeMay	D.R.	.....	.....	...	...	3	3	1	...
Veterans Admin. Hospital [150]	Dearborn, Mich.	(See Wayne University Affiliated Hospitals)									
Veterans Admin. Hospital [1-3]	Minneapolis	J. Jorgens	Roent.	38,919	3,617	301	30	..	8	3	...
Veterans Admin. Hospital [1-2]	Jefferson Bks., Mo.	S. Kamberg	Roent.	16,722	5,319	1,151	48	2	6	1	...
Veterans Admin. Hospital [1-3]	Brooklyn	W. Schlein	Rad.	26,930	4,419	249	6	2	3	2	...
Veterans Admin. Hospital [1-3]	Buffalo	C. A. Privitera	D.R.	24,139	3,553	141	1	..	1	2	...
Veterans Admin. Hospital [1-3]	New York City	J. Stein	Rad.	72,088	13,317	715	114	3	9	3	...
Veterans Admin. Hospital [1-3]	Cleveland	M. D. Sachs	Rad.	35,320	3,980	218	47	2	6	3	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	F. C. Baral l	D.R.	40,748	2,024	125	6	1	1	1	...
Veterans Admin. Hospital	Oklahoma City	S. M. Glasser	D.R.	8,931	.....	29	...	...	1	1	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	K. C. Hardesty	Roent.	20,894	3,910	378	13	1	2	3	...
Veterans Admin. Hospital [1-254]	Aspinwall, Pa.	S. G. Henderson	Roent.	18,939	6,.61	273	4	2	6	3	...
Veterans Admin. Hospital [3]	Columbia, S. C.	H. Potozky	D.R.	15,280	.....	...	...	1	1	1	...
Veterans Admin. Hospital [1-3-264]	Memphis, Tenn.	B. E. Greenberg	Rad.	47,574	4,638	181	50	3	9	2	...
Veterans Admin. Hospital [1-259]	Nashville, Tenn.	D. E. Sherman	Roent.	22,472	2,483	234	12	1	3	2	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	J. J. Sazame, Jr.	Rad.	12,478	2,434	146	32	1	4	3	...
Veterans Admin. Hospital [1]	McKinney, Texas	B. K. Lovell	Rad.	26,382	2,970	261	211	1	4	2	...
Veterans Admin. Hospital	Salt Lake City	(See University of Utah Affiliated Hospitals)									
Veterans Admin. Hospital [1]	White River Jct., Vt.	N. W. Loud	Roent.	13,225	961	37	...	1	2	2	...
Veterans Admin. Hospital [1-3]	Richmond, Va.	S. Richman	Roent.	28,124	4,124	200	8	2	4	2	...
Veterans Admin. Hospital [1-297]	Milwaukee, Wis.	T. J. Pfeffer	Roent.	38,949	9,372	322	22	6	6	2	...
NONFEDERAL											
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	M. B. Carter	Rad.	27,435	780	20	227	2	4	3	...
Memorial Hospital [1-3]	Phoenix, Ariz.	D. D. Gain	D.R.	7,253	2,631	...	11	1	1	1	250
University Hospital [1]	Little Rock, Ark.	I. Meschan	Rad.	21,759	.....	109	1	1	3	3	120
Kern General Hospital [1-3]	Bakersfield, Calif.	S. W. Iseminger	D.R.	30,659	1,370	206	22	1	2	2	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. P. Brean									
		K. Dehlinger	D.R.	10,968	1,490	203	17	1	2	2	100
San Joaquin General Hospital [1-3]	French Camp, Calif.	A. Cove	Rad.	33,818	1,254	313	7	1	1	2	235
General Hospital of Fresno County [1-3]	Fresno, Calif.	C. L. Ould	D.R.	17,930	.....	...	9	1	1	1	...
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	H. J. Pritchard									
		G. Rekstrand	Rad.	12,842	5,203	100	87	1	2	3	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	E. Freedman									
		H. L. Jaffe	Rad.	17,618	6,204	...	21	1	4	3	150
Hospital of the Good Samaritan [1-3]	Los Angeles	J. D. Camp	Rad.	29,014	4,669	64	59	1	3	3	150
Los Angeles County Hospital [1]	Los Angeles	G. Jacobson	Rad.	80,302	.....	...	105	..	9	3	100
Presbyterian Hospital-Holmsted Memorial	Los Angeles		Rad.	.....	.....	...	...	...	...	1	...
Queen of Angels Hospital [1-3]	Los Angeles	L. S. Goin	Rad.	13,067	2,132	270	41	1	1	3	150
White Memorial Hospital [1-3]	Los Angeles	W. L. Stilson	Rad.	11,816	4,491	756	79	2	6	3	146.25
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	H. H. Jensen	Rad.	19,082	2,959	...	23	1	4	3	...
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	R. S. Harrison	D.R.	10,730	2,078	...	...	1	2	2	...
Sutter General Hospital [1-3]	Sacramento, Calif.	R. S. Graham	Rad.	9,697	15,004	3,497	53	1	2	2	200
San Diego County General Hospital [1-3]	San Diego, Calif.	E. L. Whitehead	Rad.	19,486	2,020	188	37	1	2	2	150
Children's Hospital [1-3]	San Francisco	G. G. King	Roent.	5,129	1,444	62	35	1	1	1	...
Franklin Hospital [1-3]	San Francisco	A. J. Williams	Roent.	12,440	3,211	169	5	1	1	1	125
St. Francis Memorial Hospital [1-3]	San Francisco	A. deLorimier	Rad.	19,030	3,277	1,093	36	1	2	2	300
St. Mary's Hospital [1-3]	San Francisco	C. S. Capp	Roent.	12,880	1,044	686	11	1	2	2	150
San Francisco Hospital	San Francisco	.....	Roent.	36,379	2,047	22	..	..	..	3	175
Stanford University Service [1]		L. H. Garland	.....	.....	.....	...	..	..	..	3	...
University of California Service [1]		A. J. Williams	.....	.....	.....	...	..	..	..	3	...
Stanford University Hospitals [1-3]	San Francisco	H. S. Kaplan	Rad.	14,109	4,107	411	52	1	4	3	50
University of California Hospital [1-3]	San Francisco	R. S. Stone	Rad.	35,688	6,840	150	74	..	4	3	87
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	R. Gates									
		J. T. Case	Rad.	11,656	2,259	198	119	1	3	3	115
Santa Monica Hospital [1]	Santa Monica, Calif.	R. L. Smith	Roent.	20,597	5,635	...	28	..	..	2	100
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	J. A. Del Regato	Ther.								
			Rad.	13,907	9,819	1,119	8	2	3	3	155
St. Francis Hospital [1-3]	Colorado Springs, Col.	V. L. Bolton	Roent.	6,765	2,071	511	23	1	1	2	150
General Rose Memorial Hospital [1-3]	Denver	J. H. Weiss									
		M. H. Levine	D.R.	8,934	899	...	...	1	1	1	160
Presbyterian Hospital [1-3]	Denver	K. D. A. Allen	Roent.	11,100	1,230	53	58	1	1	3	...
St. Luke's Hospital [1-3]	Denver	W. P. Stampfli	Roent.	8,969	330	1,989	15	1	2	2	150
University of Colorado Medical Center				.....	.....	...	...	3	10	...	150
Colorado General Hospital [1-3-22]	Denver	R. K. Lanier	Roent.	25,896	4,956	294	62	..	..	3	...
Denver General Hospital [1-3-22]	Denver	E. Salzman	D.R.	23,033	936	79	21	...	...	2	...
Bridgeport Hospital [1-3]	Bridgeport, Conn.	J. J. Esposito	Rad.	12,071	2,037	10	90	1	2	2	125
Hartford Hospital [1-3]	Hartford, Conn.	R. T. Ogden	Rad.	32,175	11,351	...	70	1	3	3	50
Grace-New Haven Community Hospital											
General Service [1-3]	New Haven, Conn.	R. M. Lowman	Rad.	11,158	2,419	...	12	2	3	2	50
University Service [1-3]	New Haven, Conn.	A. H. Janzen	Rad.	45,936	1,867	...	104	4	6	3	50
Hospital of St. Raphael [1]	New Haven, Conn.	R. Shapiro	Roent.	16,886	3,567	71	101	2	4	3	100
St. Mary's Hospital [1-3]	Waterbury, Conn.	K. R. Kaess	Roent.	15,185	1,763	...	18	1	1	1	150
Waterbury Hospital [1]	Waterbury, Conn.	R. Blaufox	Roent.	15,655	2,671	...	30	1	2	2	125
Delaware Hospital [1-3]	Wilmington, Del.	W. W. Lattomus	D.R.	19,967	3,819	1,273	60	1	2	2	180
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	J. E. Wissler	Rad.	14,642	2,438	20	17	1	3	3	150
Doctors Hospital [1-3]	Washington, D. C.	F. O. Coe	Rad.	21,857	8,891	1,708	101	1	4	3	150
Gallinger Municipal Hospital [1-3]	Washington, D. C.	S. Newman	D.R.	30,639	704	43	12	2	4	1	...
Garfield Memorial Hospital [1-3]	Washington, D. C.	A. O. Hampton	Rad.	10,773	4,232	742	11	..	..	3	160
Georgetown University Hospital [1-3-290]	Washington, D. C.	W. Buensch	Rad.	19,584	4,785	...	11	3	9	3	...
George Washington University Hospital [1-3]	Washington, D. C.	W. Stanbro	Rad.	17,859	4,526	335	21	2	4	3	150
Duval Medical Center [1-3]	Jacksonville, Fla.	Ivan Isaacs	D.R.	15,173	4,089	345	50	1	1	1	150
Jackson Memorial Hospital [1]	Miami, Fla.	H. R. Davis	Rad.	33,104	7,671	...	99	2	4	3	75
Mount Sinai Hospital [1-3]	Miami Beach, Fla.	A. G. Levin	D.R.	8,612	582	2	27	1	1	1	...
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	R. A. Elmer	Rad.	13,904	1,592	300	30	1	1	1	87.50
Grady Memorial Hospital [1-3]	Atlanta, Ga.	H. S. Weens	Rad.	40,631	7,375	482	59	2	6	3	20
Piedmont Hospital [1]	Atlanta, Ga.	E. Smith	D.R.	6,218	745	...	...	1	1	1	160
University Hospital	Augusta, Ga.	I. P. Holmes									
		S. W. Brown	Rad.	17,053	2,540	60	30	1	3	3	160
Emory University Hospital [1-3-72]	Emory University, Ga.	T. F. Leigh	Rad.	15,306	8,886	...	93	1	2	3	170
Augustana Hospital [1-3]	Chicago	D. S. Bellin	Roent.	13,648	2,369	...	...	1	2	3	150
Cook County Hospital [1-3]	Chicago	G. M. Landau	Rad.	94,395	22,275	3,543	98	5	5	3	175
Englewood Hospital [1-3]	Chicago	A. J. Rosenblate	Roent.	8,922	944	15	...	1	1	1	200
Illinois Masonic Hospital [1-3]	Chicago	J. H. Gilmore	Rad.	19,097	2,449	225	70	1	3	2	85
Mercy Hospital [1-3]	Chicago	W. W. Furey	Rad.	13,902	9,741	297	104	1	2	2	100
Michael Reese Hospital [1-3]	Chicago	R. A. Arens									
		E. Uhlmann	Rad.	49,625	17,321	353	2,282	1	3	3	75
Mount Sinai Hospital [1-3]	Chicago	J. Arendt	Roent.	20,428	8,851	23	10	2	4	2	100

Numerical and other references will be found on pages 373 and 374.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [a]	Total Residencies Offered [a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Northwestern University Medical Center											
Passavant Memorial Hospital [1-3-87]	Chicago	R. B. Lewis	Rad.	12,323	2,323	100	25	2	3	3	...
Presbyterian Hospital [1-3]	Chicago	F. H. Squire	Rad.	42,528	3,429	2,281	50	1	3	3	125
Provident Hospital [1-3]	Chicago	W. P. Quinn	Rad.	5,880	2,094	365	8	1	2	3	...
Ravenswood Hospital [1-3]	Chicago	D. Jenkinson	Roent.	10,217	2,369	...	31	1	3	3	100
St. Bernard's Hospital [1-3-91]	Chicago	B. C. Cushway									
		E. K. Lewis	Rad.	9,963	2,437	420	230	1	2	2	200
St. Luke's Hospital [1-3]	Chicago	E. L. Jenkinson	Rad.	32,792	6,119	...	8	2	6	3	50
University of Chicago Clinics [1-3]	Chicago	P. C. Hodges	Rad.	30,234	12,344	542	74	2	8	3	175
University of Illinois Research and Educational Hospitals [1-3]	Chicago	R. A. Harvey	Rad.	57,348	.....	...	255	3	7	3	60
Wesley Memorial Hospital [1-3]	Chicago	A. H. Cannon	Rad.	34,230	2,343	128	75	1	3	3	50
Evanston Hospital [1-3]	Evanston, Ill.	R. G. Willy	Rad.	26,373	5,238	415	71	2	4	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	A. C. Ledoux	Roent.	26,196	2,518	102	16	1	1	2	150
Little Company of Mary Hospital [1-3]	Evergreen Pk., Ill.	W. W. Furey	D.R.	32,386	2,135	1,417	51	1	1	1	175
St. Francis Hospital [1-3]	Peoria, Ill.	P. R. Dirkse	Roent.	18,196	3,435	422	7	1	3	2	...
Clinic Hospital [1]	Bluffton, Ind.	W. S. Tirman	Roent.	22,315	2,522	...	34	1	3	2	400
Protestant Deaconess Hospital [1]	Evansville, Ind.	A. A. Hobbs	Rad.	15,452	2,342	...	35	1	1	1	150
St. Joseph Hospital [1-3]	Ft. Wayne, Ind.	C. H. Warfield	Roent.	14,213	2,533	173	...	1	1	2	155
St. Margaret's Hospital [1]	Hammond, Ind.	J. F. Larrabee	D.R.	13,112	1,917	308	15	1	1	1	...
Indiana University Medical Center Hospitals											
Indianapolis General Hospital [1-102-103]	Indianapolis	W. Toslek	Rad.	23,957	3,428	332	27	1	3	2	170
Indiana University Medical Center [1]	Indianapolis	J. A. Campbell	Rad.	66,761	12,569	871	201	4	12	3	150
Veterans Admin. Hospital [1]	Indianapolis	M. M. Manalan	Roent.	1,773	3,034	221	18	1	3	2	...
Methodist Hospital [1-3]	Indianapolis	H. C. Ochsner	Rad.	36,489	3,360	3,910	53	1	1	3	...
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	W. G. Hunsberger	Roent.	8,864	1,381	355	30	1	3	2	175
Ball Memorial Hospital [1-3]	Muncie, Ind.	B. W. Stocking	Roent.	16,622	3,453	...	22	1	1	2	...
Iowa Methodist Hospital [1-3-107]	Des Moines, Iowa	T. Burcham	Rad.	11,349	881	...	10	1	2	3	100
University Hospitals [1-3]	Iowa City	H. D. Kerr	Rad.	53,902	15,045	...	121	2	6	3	75
University of Kansas Medical Center [1-3]	Kansas City, Kans.	G. Tice	Rad.	23,181	6,642	960	168	3	4	3	125
St. Francis Hospital	Wichita, Kans.	J. R. Kline	D.R.	15,624	3,046	445	62	1	2	1	200
Wesley Hospital [1-3]	Wichita, Kans.	N. C. Nash	Rad.	27,278	3,572	4	25	1	1	1	200
Norton Memorial Infirmary [1-3]	Louisville, Ky.	J. C. Bell	Rad.	9,092	3,075	176	23	1	2	1	150
St. Joseph Infirmary [1-3]	Louisville, Ky.	S. E. Johnson	Rad.	14,922	8,875	1,274	145	1	3	3	...
University of Louisville Hospitals											
Louisville General Hospital [1-3-114]	Louisville, Ky.	E. L. Pirkey	.....	30,774	2,995	339	29	2	6	..	75
Veterans Admin. Hospital	Louisville, Ky.	W. H. Smith	.....	19,920	1,840	317	120	1	3	..	...
Baptist Hospital [1-3]	Alexandria, La.	H. O. Barker	Rad.	5,721	1,463	1,574	209	1	1	3	...
Charity Hospital of Louisiana											
Louisiana State University Unit [1-3]	New Orleans	M. Garcia	Rad.	141,266	12,631	2,565	427	5	15	3	40
Ochsner Foundation Hospital [1-3]	New Orleans	E. H. Little	Rad.	77,393	3,539	...	...	1	3	3	150
Southern Baptist Hospital [1]	New Orleans	L. J. Bristow	Rad.	20,183	6,630	631	56	1	3	3	225
Touro Infirmary [1-130]	New Orleans	A. Pavcant	Rad.	24,101	2,400	168	56	1	3	3	33
Confederate Memorial Medical Center [1]	Shreveport, La.	G. M. Riley	Rad.	23,466	11,331	1,037	71	2	6	3	60
Eastern Maine General Hospital [1-3]	Bangor, Maine	H. A. Smith	Roent.	16,402	2,599	612	13	1	1	2	100
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Miller	Roent.	10,177	1,192	94	70	1	1	2	150
Maine General Hospital [1-3]	Portland, Maine	J. Spencer	Rad.	29,646	3,254	63	34	1	3	3	100
Baltimore City Hospitals [1-3]	Baltimore	J. DeCarlo	D.R.	28,340	1,228	362	3	1	4	1	75
Johns Hopkins Hospital [1-3-129-284]	Baltimore	R. H. Morgan	Rad.	67,935	.....	...	201	..	9	3	...
Mercy Hospital [1-3]	Baltimore	E. R. Dana	Roent.	12,895	.....	...	40	1	1	1	250
Sinai Hospital [1-3-205]	Baltimore	J. Salik	Rad.	18,439	1,519	1	40	1	3	2	85
Union Memorial Hospital [1-3]	Baltimore	W. B. Firor	D.R.	12,417	.....	...	...	1	1	1	65
University Hospital [1-3]	Baltimore	W. J. Kilby	Rad.	31,259	3,255	...	131	1	3	3	50
Washington County Hospital [1-3-124]	Hagerstown, Md.	S. H. Macht	D.R.	10,036	1,496	433	17	2	2	1	250
Beth Israel Hospital [1-3]	Boston	S. A. Robins									
		F. Fleischner	Roent.	20,228	2,800	100	15	4	5	2	41.82
Boston City Hospital [1-3]	Boston	M. Ritvo	Rad.	101,289	6,827	442	210	4	7	3	132
Children's Medical Center [1-3]	Boston	E. B. D. Neuhauser	Roent.	23,346	.....	...	...	..	2	2	50
Faulkner Hospital [1-3]	Boston	L. E. Hawes	Roent.	8,423	1,100	33	...	1	3	2	220
Lahey Clinic [1-3]	Boston	H. F. Hare									
		M. I. Smedal	Roent.	65,436	12,765	89	3	2	8	3	150
Massachusetts General Hospital [1-3]	Boston	L. L. Robbins	Rad.	30,666	10,285	5,531	64	2	6	3	100
Massachusetts Memorial Hospitals [1-3]	Boston	G. Levene	Roent.	10,798	2,578	187	4	..	4	3	50
New England Center Hospital [1-3]	Boston	A. Ettinger	Rad.	28,372	857	...	3	1	4	3	100
New England Deaconess Hospital [1-3-121]	Boston	J. H. Marks	Roent.	18,783	3,729	195	63	1	3	3	135
Peter Bent Brigham Hospital [1-3]	Boston	M. C. Sosman	Rad.	24,640	.....	...	...	2	9	3	83.75
St. Elizabeth's Hospital [1-3]	Brighton, Mass.	W. A. Carey	D.R.	16,906	942	...	20	..	1	1	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. A. Herzan	Rad.	14,708	562	187	4	1	2	1	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	R. Schatzki	Roent.	14,108	2,399	231	10	..	1	1	115
Lawrence General Hospital [1-3]	Lawrence, Mass.	G. V. West	Roent.	13,381	.....	...	...	1	3	1	125
Lynn Hospital [1-3]	Lynn, Mass.	H. A. Cogood	Roent.	19,340	3,267	...	14	..	1	3	150
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	C. Liabman	Roent.	13,619	39	1,035	18	1	2	2	170
Salem Hospital [1-3-135-137]	Salem, Mass.	S. A. Wilson	Roent.	12,364	1,646	400	6	1	3	3	125
Memorial Hospital [1-3]	Worcester, Mass.	W. J. Elliott	Roent.	13,471	2,734	72	13	1	1	1	200
St. Joseph Mercy Hospital [1-3]	Ann Arbor, Mich.	S. W. Donaldson	Rad.	20,873	1,661	301	37	1	3	3	200
University Hospital [1-3]	Ann Arbor, Mich.	F. J. Hodges	Rad.	46,786	11,148	607	235	4	12	3	134.16
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	S. P. Barden	Rad.	11,147	1,590	178	43	1	1	3	275
Children's Hospital [1-3]	Detroit	W. A. Evans	D.R.	8,684	.....	2	...	1	1	1	...
Grace Hospital [1-3]	Detroit	H. A. Jarre	Rad.	31,959	5,456	1,886	30	2	6	3	225
Harper Hospital [1-3]	Detroit	J. Reynolds	Rad.	25,438	19,478	543	336	3	9	3	225
Henry Ford Hospital [1-3]	Detroit	H. P. Doub	Rad.	50,887	5,911	1,872	47	3	9	3	225
Jennings Memorial Hospital [1]	Detroit	F. C. Jewell	D.R.	10,469	820	...	12	1	2	2	...
Mount Carmel Mercy Hospital [1]	Detroit	J. M. Grace	Roent.	43,651	4,016	179	...	1	3	2	225
Providence Hospital [1-3-147-148]	Detroit	W. A. Irwin	Rad.	21,992	3,461	149	139	1	3	3	250
Wayne University Affiliated Hospitals											
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	E. E. Levine	Roent.	25,409	2,576	322	2,898	2	6	2	...
City of Detroit Receiving Hospital [1-3]	Detroit	J. Lofstrom	Rad.	46,383	.....	...	...	3	9	2	254
Detroit Memorial Hospital	Detroit	.....	.....	.....	.....	...	...	...	...	...	...
Herman Kiefer Hospital [1-3]	Detroit	C. C. Birkelo	D.R.	101,017	.....	53	...	1	1	1	456
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	J. Zbikowski	Rad.	19,355	2,566	115	22	..	2	1	278.33
Hurley Hospital [1]	Flint, Mich.	D. R. Limbach	Rad.	45,122	2,806	1,403	51	1	3	3	300
Blodgett Memorial Hospital [1-3-146]	Grand Rapids, Mich.	H. C. Jones	Roent.	14,747	3,993	24	37	1	2	2	200
Butterworth Hospital [1-3]	Grand Rapids, Mich.	E. F. Wahby	Rad.	18,918	2,421	...	55	1	3	2	225
Hackley Hospital [1-3-145]	Muskegon, Mich.	L. E. Holly	Rad.	15,773	.....	...	62	1	4	3	150
Beyer Memorial Hospital	Ypsilanti, Mich.	.....	D.R.	13,133	1,010	27	5	..	1	1	220
Northwestern Hospital [1-3]	Minneapolis	C. O. Hansen	Rad.	11,690	9,650	549	43	..	1	3	200
Swedish Hospital [1-3]	Minneapolis	G. T. Nordin									
		L. G. Idstrom	Rad.	19,943	3,477	695	54	1	3	3	200
University of Minnesota Hospitals [1-3]	Minneapolis	L. Rigler	Rad.	41,717	8,031	1,113	189	..	8	3	150

Numerical and other references will be found on pages 373 and 374.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Mayo Foundation [1-3]	Rochester, Minn.	H. M. Weber	Rad.	271,545	26,595	960	2,602	9	28	3	150
Charles T. Miller Hospital [1-3-15b]	St. Paul, Minn.	H. D. Peterson	Rad.	13,027	8,791	...	8,791	1	1	3	150
St. Joseph's Hospital [1-3]	St. Paul, Minn.	J. P. Medelman	Roent.	12,406	2,155	15	18	1	1	1	150
Kansas City General Hospital No. 1	Kansas City, Mo.	E. H. Stratemeir	Rad.	22,212	1,324	603	51	1	3	3	75
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	I. H. Lockwood	D.R.	12,041	311	....	3	1	2	3	75
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	D. S. Dann	Rad.	16,478	2,104	525	47	1	1	1	154.50
Research Hospital [1-3]	Kansas City, Mo.	I. H. Lockwood	Rad.	168,3.8	8,119	2,706	284	1	3	3	175
St. Joseph Hospital [3]	Kansas City, Mo.	C. E. Virden	Roent.	14,202	2,801	....	83	1	4	3	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	L. A. Scarpellino	Roent.	16,619	1,843	55	17	1	2	3	175
Barnard Free Skin and Cancer Hospital [1-3]	St. Louis	E. C. Ernst	Ther.								
			Rad.	1,684	6,344	982	114	1	1	1	125
Barnes Hospital [1-3]	St. Louis	H. Wilson	Rad.	53,202	16,912	377	220	..	10	3	100
De Paul Hospital [1-3]	St. Louis	E. C. Ernst	Rad.	11,996	1,205	278	48	1	2	2	185
Homer G. Phillips Hospital [1-3]	St. Louis	W. E. Allen	Rad.	29,041	1,689	34	158	2	6	3	190
Jewish Hospital [1-3]	St. Louis	H. R. Senturia	Rad.	11,638	4,993	477	49	1	2	2	100
St. Louis City Hospital [1-3]	St. Louis	D. Weir	Rad.	44,918	2,356	...	116	3	7	3	137.75
St. Luke's Hospital [1-3]	St. Louis	O. C. Zink	Roent.	10,785	1,177	23	141	..	1	3	...
St. Mary's Group of Hospitals [1-3]	St. Louis	L. Sante	Rad.	18,768	3,274	227	56	1	3	3	65
Creighton Memorial St. Joseph's Hospital [1]	Omaha	J. F. Kelly	Rad.	15,522	2,661	....	....	1	3	3	150
Nebraska Methodist Hospital [1-3]	Omaha	H. B. Hunt	Rad.	10,110	5,459	1,012	111	..	2	3	300
St. Catherine's Hospital [1-3]	Omaha	J. F. Kelly	Roent.	4,407	353	64	6	1	1	3	100
University of Nebraska Hospital [1-3]	Omaha	H. B. Hunt	Rad.	10,945	3,250	558	90	2	6	3	175
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	W. C. McCarty, Jr.	Rad.	23,651	2,451	574	147	1	3	3	120
Atlantic City Hospital [1]	Atlantic City, N. J.	R. A. Bradley	Roent.	9,243	3,802	450	44	1	1	1	150
Cooper Hospital [1-3]	Camden, N. J.	P. D. Gilbert	Rad.	25,096	5,766	538	65	1	1	2	200
Medical Center-Jersey City Hospital [1-3]	Jersey City, N. J.	H. J. Perlberg	Rad.	36,162	10,223	493	197	4	6	2	120
Burlington County Hospital [1-3]	Mt. Holly, N. J.	H. P. Kane	Roent.	8,453	1,141	246	17	1	1	1	100
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	P. J. Gianquinto	Roent.	7,815	2,134	249	18	2	4	2	100
Newark Beth Israel Hospital [1-3]	Newark, N. J.	N. J. Furst	Rad.	9,414	5,922	129	63	1	1	3	75
City Hospital [1-3]	Newark, N. J.	P. J. Santora	Roent.	16,649	2,591	104	28	2	2	1	115
Orange Memorial Hospital [1-3]	Orange, N. J.	W. H. Seward	Roent.	16,303	4,575	1,761	24	1	1	1	120
Mercer Hospital [1-3]	Trenton, N. J.	M. P. Mains	Roent.	10,343	1,220	....	117	..	1	3	150
Albany Hospital [1-3]	Albany, N. Y.	J. F. Roach	Rad.	23,730	....	....	110	2	3	2	135
Binghamton City Hospital [1-3]	Binghamton, N. Y.	E. G. St. John	Rad.	13,051	2,563	15	19	1	1	1	150
Brooklyn Hospital [1-3]	Brooklyn	J. H. Wentworth	Rad.	18,280	....	....	99	1	3	3	100
Cumberland Hospital [1-3-15g]	Brooklyn	E. Mendelson	D.R.	19,161	....	....	....	1	3	2	99
Jewish Hospital [1-3]	Brooklyn	M. Wasch	Rad.	23,108	2,524	229	2,753	2	4	3	75
John E. Jennings Hospital [1-3]	Brooklyn	A. B. Friedmaan	Ther.								
			Rad.	6,035	11,892	275	99	4	4	3	150
Kings County Hospital [1-3]	Brooklyn	L. Harrington	Rad.	122,925	16,411	1,667	93	2	6	3	98
Long Island College Hospital [1-3]	Brooklyn	A. L. L. Bell	Rad.	21,338	4,270	320	67	1	3	3	75
Maimonides Hospital [1-3]	Brooklyn	M. Slobodkin	D.R.	20,810	....	....	11	2	3	2	75
Methodist Hospital [1-3]	Brooklyn	R. H. Smith	Roent.	11,445	1,524	44	28	1	2	2	75
Buffalo General Hospital [1-3]	Buffalo	G. J. Culver	Roent.	24,422	6,404	629	110	..	4	3	125
Deaconess Hospital [1-3]	Buffalo	R. E. Seibel	Roent.	12,943	3,044	35	....	1	1	2	175
Edward J. Meyer Memorial Hospital [1]	Buffalo	E. G. Eschner	Roent.	32,884	1,642	539	32	1	3	3	179
Roswell Park Memorial Institute [1-3]	Buffalo	W. T. Murphy	Ther.								
			Rad.	1,786	40,520	3,141	405	..	3	3	275
Clifton Springs Sanitarium [1-3]	Clifton Spgs., N. Y.	G. Brown	Roent.	5,963	852	172	2	1	1	1	100
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	H. R. Zatzkin	Rad.	19,235	5,276	8	27	1	3	3	225
Queens General Hospital [1-3]	Jamaica, N. Y.	A. V. Shapiro									
		L. B. Goldman	Rad.	33,585	5,552	1,605	112	1	3	3	98.33
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	B. D. Jay	Rad.	17,8.6	1,785	363	70	1	2	2	175
Mount Vernon Hospital [3]	Mount Vernon, N. Y.	J. J. Pileggi	Roent.	11,382	4	2	2	1	1	2	125
New Rochelle Hospital [3]	New Rochelle, N. Y.	J. F. Miller	Rad.	15,244	1,862	102	14	1	3	2	125
Bellevue Hospital Center Division III—											
New York University College of Medicine [1-3]	New York City	M. Poppel	Rad.	144,422	11,467	878	975	6	12	3	98
Beth David Hospital [1-3]	New York City	M. Birnkrant	D.R.	8,243	....	....	....	1	1	1	125
Beth Israel Hospital [1-3]	New York City	J. Rotelli	Roent.	14,025	2,407	250	8	2	3	3	75
Bronx Hospital [1-3]	New York City	A. J. Bernstein									
		J. R. Freid	Roent.	15,726	2,678	468	11	1	2	2	100
Doctors Hospital [1-3]	New York City	A. J. Tillim-hast	Roent.	7,545	1,101	....	6	1	1	1	200
Flower and Fifth Avenue Hospital [1-3]	New York City	F. J. Borrelli	Rad.	14,031	2,143	278	56	1	3	3	...
Francis Delafield Hospital [1-3]	New York City	R. Golden	Rad.	7,448	4,650	36	30	2	6	3	98
French Hospital [1-3]	New York City	E. M. Claiborne	Roent.	11,844	1,256	...	12	1	2	2	100
Goldwater Memorial Hospital [1-3]	New York City	H. K. Taylor	D.R.	12,922	118	19	....	2	3	1	98
Harlem Hospital [1-3]	New York City	M. Slater									
		L. Arons	Rad.	64,536	6,652	402	22	1	3	2	98.32
Hospital for Joint Diseases [1-3]	New York City	M. M. Pomeranz	Rad.	23,186	773	242	21	1	3	3	70
Lenox Hill Hospital [1-3]	New York City	F. H. Ghiselin	Roent.	22,549	3,439	137	14	1	3	3	180
Lincoln Hospital [1-3]	New York City	E. Kraft	Roent.	31,792	448	150	4	1	2	2	99
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	R. S. Sherman									
		J. J. Nickson	Rad.	88,161	39,113	....	548	4	17	2	98
Metropolitan Hospital [1-3]	New York City	F. J. Borrelli	D.R.	36,985	....	....	....	1	2	2	98
Montefiore Hospital [1-3]	New York City	J. R. Freid									
		J. M. Schwartzman	Rad.	35,472	6,684	2,822	42	4	7	3	60
Morrisania City Hospital [1-3]	New York City	M. Firestein	Rad.	23,188	2,754	170	23	1	2	2	98
Mount Sinai Hospital [1-3]	New York City	B. S. Wolf									
		W. Harris	Rad.	41,227	7,749	...	93	2	6	3	...
New York City Hospital [1-3]	New York City	M. M. Pomeranz	D. R.	18,460	....	....	....	1	2	2	150
New York Hospital [1-3]	New York City	J. Evans	Rad.	78,661	9,675	1,123	64	3	9	3	25
New York Polyclinic Medical School and Hospital [1-3]	New York City	T. H. Shehadi	Roent.	10,105	1,138	808	25	1	2	2	100
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division III)									
University Hospital [1-3]	New York City	M. Poppel	Rad.	20,000	2,753	370	229	1	4	3	85
Presbyterian Hospital [1-3]	New York City	R. Golden	Rad.	102,052	18,669	...	165	4	12	3	208.33
Roosevelt Hospital [1-3]	New York City	A. A. Dunn, Jr.	Rad.	39,374	3,648	...	4,491	1	3	3	116
St. Luke's Hospital [1-3]	New York City	H. Hempel	Rad.	36,129	4,338	...	19	1	3	3	60
St. Vincent's Hospital [1-3]	New York City	F. F. Ruzicka, Jr.	Rad.	31,103	257	112	25	2	4	3	50
Sydenham Hospital [1-3]	New York City	J. Moseley	Roent.	9,079	259	53	12	1	2	1	98
United Hospital [1-3]	Port Chester, N. Y.	T. West	Roent.	12,148	2,717	30	3	1	1	1	200
Genesee Hospital [1-3]	Rochester, N. Y.	G. G. Baron	Roent.	12,827	3,041	....	14	1	2	3	75
Rochester General Hospital [1-3]	Rochester, N. Y.	E. F. Merrill	Rad.	21,939	5,582	1,171	52	1	3	3	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	A. V. Winchell	Roent.	16,555	....	....	62	2	2	2	200
Strong Memorial-Rochester Municipal Hospitals [1-3-21]	Rochester, N. Y.	G. H. Ramsey	Rad.	27,550	3,865	689	76	4	10	3	41.66
Ellis Hospital [1]	Schenectady, N. Y.	K. L. Mitton	Roent.	13,941	891	...	15	1	1	1	...
Sea View Hospital [1-3]	Staten Island, N. Y.	S. E. Kamen	D.R.	21,253	....	....	....	1	1	1	150

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Required Practical Experience (Years)	Beginning Stipend (Month)
Crouse-Irving Hospital	Syracuse, N. Y.	C. F. Potter	Roent.	7,785	750	75	...	1	1	2	150
State University of New York Medical Center [1-3-217]	Syracuse, N. Y.	C. Hale	Rad.	18,631	3,412	38,058	45	1	3	3	191.66
Grasslands Hospital [1-3]	Valhalla, N. Y.	A. G. Debbie	Roent.	16,859	2,164	1,368	27	1	3	3	125
St. John's Riverside Hospital	Yonkers, N. Y.	J. E. Miller	Roent.	7,482	1,202	314	15	..	1	2	150
Charlotte Memorial Hospital	Charlotte, N. C.	W. C. A. Sternbergh	Roent.	12,241	959	55	24	1	2	1	150
Duke Hospital [1-3]	Durham, N. C.	R. J. Reeves	Rad.	10,105	9,611	610	231	4	11	3	41.33
Watts Hospital [1]	Durham, N. C.	S. P. Perry	Rad.	19,961	2,954	1,042	22	1	2	3	150
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	J. R. Andrews	Rad.	16,438	2,112	65	44	1	4	3	41.66
Bismarck Hospital	Bismarck, N. D.	H. M. Berg	Roent.	26,467	2,368	738	57	1	2	3	300
City Hospital [1-3]	Akron, Ohio	F. T. Moore	Roent.	38,812	.....	...	...	3	5	3	250
Peoples Hospital [1-3]	Akron, Ohio	C. J. Miller	Roent.	6,617	5,959	256	28	..	1	3	250
Aultman Hospital [1-3]	Canton, Ohio	S. Larson	Rad.	22,782	2,246	900	54	1	2	1	225
Mercy Hospital [1-3]	Canton, Ohio	T. J. Dodd	D.R.	19,648	3,482	43	47	1	3	3	200
Cincinnati General Hospital [1-3]	Cincinnati		Rad.	40,149	5,426	338	66	3	8	3	...
Good Samaritan Hospital [1-3]	Cincinnati	J. E. McCarthy	Rad.	23,119	5,157	153	58	1	2	2	175
Jewish Hospital [1-3]	Cincinnati	L. Rosenberg	Rad.	19,969	2,275	355	88	1	2	2	145
City Hospital	Cleveland		Rad.	30,697	4,084	1,158	54	..	..	2	90
Cleveland Clinic Hospital [1-3]	Cleveland	C. R. Huzhes	Rad.	104,140	6,760	789	56	4	12	3	175
Lutheran Hospital [1-3]	Cleveland	J. A. Groh	Roent.	11,387	3,104	56	12	1	2	3	162.50
Mount Sinai Hospital [1-3]	Cleveland	H. A. Mahrer	Roent.	17,994	4,457	...	14	1	3	3	...
St. Luke's Hospital [1-3]	Cleveland	D. D. Brannan	Rad.	30,893	3,734	1,242	11	1	3	3	120
St. Vincent Charity Hospital [1-3]	Cleveland	E. J. O'Malley	Rad.	13,676	1,970	...	16	1	2	3	...
University Hospitals [1-3]	Cleveland	H. L. Friedell	Rad.	45,388	5,749	536	42	2	6	3	40
University Hospitals University Hospital [1-3-238-240]	Columbus, Ohio	J. L. Morton	Rad.	34,136	8,130	420	173	4	11	3	150
Miami Valley Hospital [1-3]	Dayton, Ohio	G. A. Nicoll	Rad.	17,832	2,888	...	39	1	3	3	210
St. Elizabeth Hospital [1-3]	Dayton, Ohio	H. Snow	Rad.	15,409	1,941	...	...	..	1	3	225
Huron Road Hospital [1-3]	East Cleveland, Ohio	W. D. Heinrich	Roent.	21,578	2,800	476	28	1	2	2	210
St. Vincent's Hospital [1-3]	Toledo, Ohio	C. E. Hufford	D.R.	35,142	443	...	9	1	1	1	225
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	S. Tamarkin	Roent.	17,466	2,033	92	22	1	1	3	200
Youngstown Hospital	Youngstown, Ohio	E. C. Baker	Rad.	19,477	6,895	507	26	1	3	3	125
University Hospitals [1-3-247]	Oklahoma City	P. E. Russo	Rad.	26,520	.....	...	85	2	6	3	50
Wesley Hospital [1-3-246]	Oklahoma City	E. H. Kalmon	D.R.	8,997	1,852	10	40	1	1	1	150
St. John's Hospital [1]	Tulsa, Okla	M. M. Passwell	Rad.	16,143	7,511	...	120	1	3	2	150
St. Vincent's Hospital [1]	Portland, Ore.	S. E. Rees	Roent.	11,677	1,289	...	35	1	3	3	165
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	C. Dotter	Rad.	36,252	4,341	...	21	1	3	3	85
Abington Memorial Hospital [1-3]	Abington, Pa.	J. D. Zulick	Roent.	18,504	2,922	154	51	..	1	3	100
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	R. S. Bromer	Rad.	18,719	.....	...	201	1	3	3	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	C. L. Hinkel	Rad.	15,815	1,454	1,500	49	..	3	3	100
St. Vincent's Hospital [1-3]	Erie, Pa.	R. D. Bacon	Rad.	12,285	1,034	30	16	1	3	3	100
Albert Einstein Medical Center Northern Division [1-3]	Philadelphia	J. Gershon-Cohen	Rad.	20,031	8,240	982	39	3	3	3	100
Southern Division [1-3]	Philadelphia	H. J. Isard	Roent.	15,331	2,148	...	75	2	2	3	75
American Oncologic Hospital [1-3]	Philadelphia	S. G. Castigliano	Ther.								
			Rad.	.....	4,590	960	119	2	2	3	250
Chestnut Hill Hospital [1-3]	Philadelphia	R. P. Barden	Roent.	8,000	1,600	200	50	1	1	1	200
Episcopal Hospital [1]	Philadelphia	D. A. Sampson	Rad.	19,574	1,995	366	31	1	3	3	100
Frankford Hospital [1-3]	Philadelphia	M. T. Woodruff	D.R.	10,887	370	20	12	1	1	1	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	B. R. Young	Rad.	23,636	3,032	900	55	1	3	3	150
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Finkelstein	Rad.	21,304	.....	4,165	31	6	11	3	...
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. S. Stehman	Rad.	33,031	4,191	231	379	2	6	3	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	E. Pendergrass	Rad.	140,147	16,966	2,906	...	7	24	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	J. Vastine	Roent.	9,006	1,517	13	43	1	1	3	200
Jeanes Hospital [1-3]	Philadelphia	E. P. Pendergrass	Rad.	4,165	1,398	127	18	..	1	3	300
Jefferson Medical College Hospital [1-3-203]	Philadelphia	P. C. Sweeney	Rad.	57,284	4,748	481	718	2	11	3	150
Mercy-Douglas Hospital	Philadelphia	R. F. Minton	D.R.	3,425	.....	...	...	1	1	..	150
Nazareth Hospital [1-3]	Philadelphia	J. S. Fetter	Roent.	13,391	1,143	399	24	1	1	2	200
Pennsylvania Hospital [1-3]	Philadelphia	P. A. Bishop	Rad.	15,402	1,993	288	97	..	2	3	99
Philadelphia General Hospital [1-3]	Philadelphia	H. Widmann	Rad.	42,274	9,198	387	263	3	8	3	112.34
Presbyterian Hospital [1-3]	Philadelphia	E. L. Lame	Rad.	10,319	.....	4,043	42	..	..	3	...
Temple University Hospital [1-3]	Philadelphia	W. E. Chamberlain	Rad.	36,454	6,806	173	32	5	15	3	50
Allegheny General Hospital [1-3]	Pittsburgh	T. B. Childs	Roent.	24,462	3,329	476	43	..	1	2	150
Mercy Hospital [1-3]	Pittsburgh	C. R. Perryman	Rad.	32,723	6,883	...	151	1	1	3	150
Montefiore Hospital [1-3]	Pittsburgh	M. F. Goldsmith	Rad.	12,659	3,062	240	...	2	3	3	150
Pittsburgh Medical Center [1-3-261]	Pittsburgh	G. W. Grier	Rad.	.....	.....	...	...	..	..	3	...
St. Francis Hospital [1-3]	Pittsburgh	G. H. Alexander	Roent.	45,670	2,684	92	52	1	3	3	150
Western Pennsylvania Hospital [1-3]	Pittsburgh	D. H. Rice	Roent.	20,995	3,537	413	45	1	3	3	225
Reading Hospital [1-3]	Reading, Pa.	G. W. Chamberlin	Rad.	12,106	4,356	...	43	2	6	3	175
St. Joseph's Hospital [1-3]	Reading, Pa.	W. W. Werley N. Carabello	Roent.	8,635	.....	...	10	1	1	1	250
Robert Packer Hospital [1-3]	Sayre, Pa.	S. F. Perry	Rad.	20,807	3,289	310	29	1	3	3	100
Sharon General Hospital [1]	Sharon, Pa.	H. A. Steiner	Roent.	12,540	.....	...	68	1	3	1	...
Chester County Hospital	West Chester, Pa.	J. Gershon-Cohen	Rad.	6,538	1,209	608	4	1	1	1	...
Rhode Island Hospital [1-3]	Providence, R. I.	L. A. Martineau	Roent.	26,672	2,116	398	87	1	2	3	83.34
Roger Williams General Hospital [1-3]	Providence, R. I.	R. R. Hunt	Roent.	9,639	2,043	1,024	57	..	1	2	200
Roper Hospital [1-3]	Charleston, S. C.	H. S. Pettit	Rad.	23,290	4,931	98	42	1	2	3	83
Columbia Hospital [1-3]	Columbia, S. C.	G. W. Smith	Roent.	38,764	3,902	109	38	1	1	1	150
Spartanburg General Hospital [1]	Spartanburg, S. C.	H. E. Pleuger	Rad.	10,020	2,208	455	52	..	1	2	200
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	J. E. Whiteleather	Roent.	16,560	.....	...	92	3	9	3	...
City of Memphis Hospitals [1-3]	Memphis, Tenn.	D. W. Carroll	Rad.	33,472	2,766	...	69	2	6	3	35
Methodist Hospital	Memphis, Tenn.	J. C. King	Roent.	20,967	5,769	1,004	38	1	5	3	100
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	G. J. Tarleton	Rad.	7,021	1,103	246	25	2	3	3	125
Vanderbilt University Hospital [1-3-267]	Nashville, Tenn.	C. C. McClure	Rad.	20,654	3,252	181	137	2	6	3	50
Baylor University Hospital [1-3]	Dallas, Texas	J. E. Miller	Roent.	23,482	6,756	190	150	1	3	3	75
Methodist Hospital [1-3]	Dallas, Texas	R. H. Millwee	D.R.	5,290	491	139	35	1	1	1	125
Parkland Hospital [1-3]	Dallas, Texas	R. Clayton	Rad.	25,250	1,917	456	88	3	4	3	50
St. Paul's Hospital [1-3]	Dallas, Texas	G. D. Carlson	Roent.	9,643	954	...	17	1	1	1	125
University of Texas Medical Branch Hosps [1-3-270]	Galveston, Texas	J. C. Rude	Rad.	49,313	.....	...	80	7	13	3	...
Methodist Hospital [1-3]	Houston, Texas	C. H. Burge	Roent.	8,831	.....	...	...	1	1	1	100
Hermann Hospital [1-3-270]	Houston, Texas	L. M. Vaughan	Rad.	31,230	3,376	104	46	1	3	3	100
St. Joseph's Hospital [1]	Houston, Texas	P. E. Wigby	Rad.	24,118	3,340	70	32	1	1	3	150
M. D. Anderson Hospital for Cancer Research [1-3-273]	Houston, Texas	G. Fletcher	Rad.	8,360	12,441	1,864	348	3	9	3	...
Baptist Memorial Hospital [1-3]	San Antonio, Texas	E. F. Lyon, Jr.	D.R.	9,881	.....	...	58	1	2	2	150

Numerical and other references will be found on pages 373 and 374.

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25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-Ray Examinations	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	Number of Radium Treatments	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Santa Rosa Hospital [9]	San Antonio, Texas	F. R. O'Neill									
		A. Thaggard	D.R.	26,568	1,697	...	25	1	2	1	150
Scott and White Memorial Hospital [1-3]	Temple, Texas	C. A. Stevenson	Rad.	50,535	5,657	1,310	149	2	6	3	250
Wichita Falls Clinic-Hospital	Wichita Falls, Texas		Roent.	16,328	2,496	1,383	11	1	1	1	...
University of Utah Affiliated Hospitals			Rad.	.....	.....	...	...	..	..	3	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	E. R. Crowder	....	9,292	.....	...	...	1	3	..	160
Holy Cross Hospital [1-3]	Salt Lake City	R. R. Meyer	....	6,635	1,050	21	6	1	3	..	175
St. Mark's Hospital [1-3]	Salt Lake City	G. I. Wright	....	3,895	519	36	10	2	2	..	175
Salt Lake County General Hospital [1-3]	Salt Lake City	W. R. Christensen	....	13,105	491	5,223	...	1	4	..	...
Veterans Admin. Hospital	Salt Lake City			11,205	1,047	...	...	..	..	..	...
Bishop DeGoesbriand Hospital [1-3-287]	Burlington, Vt.	F. W. VanBuskirk	Roent.	10,469	1,385	25	...	1	1	1	50
Mary Fletcher Hospital [1-3-288]	Burlington, Vt.	A. B. Soule, Jr.	Rad.	13,206	3,424	58	90	1	4	3	166.67
University of Virginia Hospital [1-3]	Charlottesville, Va.	V. W. Archer	Roent.	33,767	6,315	...	195	2	2	3	50
De Paul Hospital [1-3]	Norfolk, Va.	J. Foster	Roent.	13,556	900	220	24	1	3	1	225
Norfolk General Hospital [1-3]	Norfolk, Va.	P. B. Parson									
		J. L. Frank	Rad.	16,068	4,750	533	482	2	4	3	...
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	F. B. Mandeville	Rad.	36,103	3,382	714	153	1	5	3	...
Swedish Hospital [1-3]	Seattle, Wash.	S. T. Cantril	Ther.								
			Rad.	.....	7,552	996	157	..	1	3	100
Virginia Mason Hospital [1-3-293]	Seattle, Wash.	T Carlile	Rad.	24,237	2,391	1,275	32	1	2	3	100
Sacred Heart Hospital [1-3]	Spokane, Wash.	M. T. Harris	Rad.	9,725	917	...	53	2	2	2	150
Methodist Hospital [1-3]	Madison, Wis.	W. L. Waskow	Roent.	11,050	1,785	143	75	..	1	2	...
University Hospitals [1-3]	Madison, Wis.	E. A. Pohle	Rad.	40,527	9,160	444	144	2	6	3	50
St. Joseph's Hospital [1]	Marshfield, Wis.	J. W. Wickham	Rad.	3,728	345	...	...	1	3	3	300
Columbia Hospital [1-3]	Milwaukee	S. A. Morton	Rad.	41,815	.....	...	47	..	1	3	...
Evangelical Deaconess Hospital [1-3]	Milwaukee	A. Melamed	Roent.	4,602	2,701	235	16	1	1	1	125
Milwaukee Hospital [1-4-290]	Milwaukee	H. W. Heike	Rad.	19,308	8,439	906	126	1	2	3	150
Milwaukee County Hospital [1-3]	Milwaukee	J. L. Marks	Rad.	41,722	5,286	306	18	2	4	1	208.92
St. Joseph's Hospital [1-3]	Milwaukee	G. W. Senapiel	Roent.	44,196	4,496	...	37	1	1	3	200
Gorgas Hospital [9]	Ancon, C. Z.	H. H. Virden	D.R.	19,975	1,141	2,439	12	1	2	3	282.55
Queen's Hospital [1-3]	Honolulu, T. H.	L. L. Buzaid	Roent.	8,221	1,395	144	4	1	3	3	135
San Juan City Hospital [1-3]	San Juan, P. R.	J. L. Becerra	Roent.	8,533	1,775	125	...	..	1	2	150

26. SURGERY

The following services have been approved for four years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. **(See also additional lists of approved services, pp. 364-369.)**

Hospitals, 239; Assistant Residencies and Residencies, 2,759

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
FEDERAL									
UNITED STATES ARMY									
Letterman Army Hospital [66]	San Francisco	W. A. Todd, Jr.	1,365	6,140	23	21	3	9	...
Fitzsimons Army Hospital [1-66]	Denver, Colo.	J. H. Forsee	762	5,777	38	38	2	8	...
Army Medical Center [1-66-67]	Washington, D. C.	S. F. Seeley	858	4,211	..	..	3	10	...
Brooke Army Medical Center [66-289]	San Antonio, Texas	W. F. Bowers	3,939	7,341	73	68	3	9	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	Oakland, Calif.	R. S. Silvis	1,991	1,184	17	17	3	..	...
U. S. Naval Hospital [1]	San Diego	L. G. Bell	4,326	20,650	59	52	..	8	...
U. S. Naval Hospital [1]	Bethesda, Md.	R. B. Brown	3,284	15,949	77	56	..	8	...
U. S. Naval Hospital [1]	Chelsea, Mass.	L. L. Haynes	2,793	877	6	6	..	4	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	R. N. Grant	1,650	4,771	5	3	..	7	...
U. S. Naval Hospital [1]	Philadelphia	R. A. Cooper	2,872	18,996	61	28	..	9	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-3]	Washington, D. C.	J. R. Laurey	1,044	11,301	94	35	1	11	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital	San Francisco	M. B. Noyes	3,075	11,880	34	21	1	6	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. A. Weinberg	1,744	892	28	25	11	11	...
Veterans Admin. Hospital [1-3]	Los Angeles	J. M. Beal	2,815	3,683	176	139	9	21	...
Veterans Admin. Hospital [1]	San Francisco	L. G. Brizzolara	1,659	2,313	68	43	4	11	...
Veterans Admin. Hospital [1-3]	Denver	P. M. Ireland	1,880	.....	76	67	5	13	...
Veterans Admin. Hospital [1-218]	Newington, Conn.	A. Hurwitz	1,710	5,624	30	21	4	8	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. G. Lee	1,096	1,363	55	49	3	7	...
Veterans Admin. Hospital [1]	Hines, Ill.	C. B. Puestow	5,156	1,327	159	97	27	52	...
Veterans Admin. Hospital [1]	Indianapolis	(See Indiana University Medical Center Hospitals)							
Veterans Admin. Hospital [1]	Des Moines, Iowa	L. T. Palumbo	3,512	516	43	32	4	14	...
Veterans Admin. Hospital	Iowa City, Iowa	E. S. Brintnall	1,579	.....	39	33	5	15	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	W. I. Hinkle	909	410	45	35	3	8	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	J. E. Hamilton	1,254	925	67	43	6	16	...
Veterans Admin. Hospital [1]	New Orleans, La.	L. K. Richardson	1,998	2,137	59	47	4	9	...
Veterans Admin. Hospital [1-3]	Fort Howard, Md.	J. M. Miller	1,161	298	47	32	2	6	...
Veterans Admin. Hospital [1-3]	Perry Point, Md.	R. T. Shackelford	1,120	348	24	17	2	6	...
Veterans Admin. Hospital [1-2-131]	Boston (Jamaica Plain), Mass.	H. Faxon	1,145	2,690	28	18	8	24	...
Veterans Admin. Hospital [132]	Boston (West Roxbury), Mass.	R. Warren	.....	.....	..	..	2	2	...
Veterans Admin. Hospital [1-3]	Dearborn, Mich.	C. G. Johnston	2,211	5,001	107	58	6	21	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	K. B. Coldwater	2,271	.....	59	36	4	16	...
Veterans Admin. Hospital [1-3]	Minneapolis	L. J. Hay	2,087	1,001	62	49	..	21	...
Veterans Admin. Hospital [3]	Omaha, Neb.	W. P. Kleitsch	1,410	1,566	42	30	2	8	...
Veterans Admin. Hospital [1-3]	Brooklyn	R. Friedlander	2,239	2,495	61	30	6	18	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	J. D. MacCallum	2,216	.....	91	56	..	14	...
Veterans Admin. Hospital [1-3]	New York City (Bronx), N. Y.	P. K. Sauer	2,281	5,944	73	41	4	16	...
Veterans Admin. Hospital [1-3]	Cleveland	C. L. Cogbill	2,352	1,636	71	41	10	29	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	W. G. Eckman	2,756	7,657	129	79	8	21	...

Numerical and other references will be found on pages 373 and 374.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [b]	Beginning Stipend (Month)
Veterans Admin. Hospital	Oklahoma City, Okla.	F. A. Quenzer	1,329	.....	48	35	2	8	...
Veterans Admin. Hospital [1-3]	Portland, Ore.	R. A. Wise	1,570	1,617	12	12	4	16	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	F. C. Jackson	860	.....	41	26	7	19	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	R. F. Bowers	3,215	1,211	78	59	7	21	...
Veterans Admin. Hospital [1]	Nashville, Tenn.	R. I. Carlson	3,564	.....	65	..	6	18	...
Veterans Admin. Hospital [1-3]	Dallas, Texas	W. H. Pickett	1,337	.....	49	32	4	12	...
Veterans Admin. Hospital [1-3]	Houston, Texas	O. Creech, Jr.	1,335	981	27	21	6	16	...
Veterans Admin. Hospital [1]	McKinney, Texas	J. P. North	1,720	.....	35	29	5	12	...
Veterans Admin. Hospital	Salt Lake City	J. A. Gubler	1,094	1,734	30	26	3	9	...
Veterans Admin. Hospital [1]	White River Jct., Vt.	W. B. Crandell	3,289	17,145	12	10	5	17	...
Veterans Admin. Hospital [1-3]	Richmond, Va.	R. F. MacDonald	1,704	987	34	23	2	8	...
Veterans Admin. Hospital [1-3]	Seattle, Wash.	J. T. Payne	1,824	610	60	49	4	10	...
Veterans Admin. Hospital [1]	Milwaukee, Wis.	M. B. Smith	2,216	1,452	87	70	14	14	...
NONFEDERAL									
Jefferson-Hillman Hospital [1-3]	Birmingham, Ala.	C. Lyons	3,174	9,573	90	39	5	11	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	R. A. Hamrick	1,069	12,422	10	3	2	5	225
University Hospital [1]	Little Rock, Ark.	J. H. Gronbach	860	10,097	47	19	4	11	120
Los Angeles County Hospital [1]	Los Angeles	L. A. Brewer	4,184	11,389	342	142	..	12	190
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	T. C. Lawson	1,774	9,694	123	42	6	14	...
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	A. L. Baritell	2,140	33,835	78	42	5	10	...
Franklin Hospital [1-3]	San Francisco	C. G. Lyon	1,665	3,821	17	11	5	6	125
Mount Zion Hospital [1-3]	San Francisco	A. L. Brown	2,218	1,579	25	18	2	8	100
San Francisco Hospital									
Stanford University Service [1]	San Francisco	C. Matthewson	400	.....	56	9	3	5	175
University of California Service [1]	San Francisco	L. Goldman	436	.....	54	12	4	6	175
Stanford University Hospitals [1-3]	San Francisco	E. F. Holman	2,552	12,998	47	28	2	8	50
University of California Hospital [1-3]	San Francisco	H. G. Bell	1,414	7,411	26	14	..	9	87
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	H. V. Findlay	3,405	1,405	70	45	4	9	115
University of Colorado Medical Center			.....	.....	...	...	5	18	150
Colorado General Hospital [1-3-22]	Denver	H. Swan	925	8,427	47	38	..	..	...
Denver General Hospital [1-3-22]	Denver	D. H. Watkins	1,057	5,810	103	72	..	..	...
Hartford Hospital [1-3]	Hartford, Conn.	W. A. Standish	5,385	551	72	39	4	10	50
New Britain General Hospital [1-3]	New Britain, Conn.	B. B. Clark	4,234	.....	57	27	1	4	130
Grace-New Haven Community Hospital	(See listing of Grace-New Haven Community Hospital in following section)								
University Service [1-3]	New Haven, Conn.	G. E. Lindskog	4,823	10,183	71	47	4	16	50
Delaware Hospital [1-3]	Wilmington, Del.	C. L. Munson	5,004	6,723	106	66	1	5	180
Memorial Hospital [1-3]	Wilmington, Del.	J. C. Pierson	2,578	1,592	80	46	1	4	175
Central Dispensary and Emergency Hospital [1-3]	Washington, D. C.	J. H. Lyons	2,171	4,071	39	18	4	10	225
Gallinger Municipal Hospital [1-3]	Washington, D. C.	B. Blades	.....	.....	...	...	...	...	...
		R. Coffey	1,286	7,711	99	37	2	8	...
Garfield Memorial Hospital [1-3]	Washington, D. C.	J. O. Warfield, Jr.	1,464	1,148	37	25	2	6	160
Georgetown University Hospital [1-3]	Washington, D. C.	R. J. Coffey	3,691	2,218	98	53	6	15	...
George Washington University Hospital [1-3]	Washington, D. C.	B. Blades	6,101	4,746	46	27	5	11	130
Providence Hospital [1-3]	Washington, D. C.	L. B. Gaffney	3,329	7,256	72	2	1	4	200
Grady Memorial Hospital [1-3]	Atlanta, Ga.	I. A. Ferguson	8,165	30,557	224	92	12	29	20
Piedmont Hospital [1]	Atlanta, Ga.	F. W. McRae	2,884	.....	17	10	1	4	160
University Hospital	Augusta, Ga.	R. Major	3,328	.....	58	29	2	8	160
Cook County Hospital [1-3]	Chicago	K. A. Meyer	17,285	11,511	856	129	28	28	50
Mercy Hospital [1-3]	Chicago	H. A. Oberhelman	7,666	10,680	93	39	3	6	100
Michael Reese Hospital [1-3]	Chicago	N. N. Crohn	2,641	4,632	42	24	3	8	50
Mount Sinai Hospital [1-3]	Chicago	L. J. Aries	3,648	12,014	66	39	2	6	100
Northwestern University Medical Center									
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	1,529	.....	21	16	..	5	...
Veterans Admin. Research Hospital	Chicago		.....	.....	...	...	...	...	...
Wesley Memorial Hospital [1-3]	Chicago	W. G. Maddock	3,081	4,253	89	56	2	8	50
Evanston Hospital	Evanston, Ill.	(See listing of Evanston Hospital in following section)							
Presbyterian Hospital [1-3]	(See listing of Chicago Hospitals in following section)	J. M. Miller	2,617	4,230	58	33	6	13	125
St. Luke's Hospital [1-3]	Chicago	G. deTakats	2,976	1,812	94	62	3	8	50
University of Chicago Clinics [1-3]	Chicago	L. R. Dragstedt	1,935	18,145	100	73	4	15	175
University of Illinois Research and Educational Hospitals [1-3]	Chicago	W. H. Cole	1,035	11,804	27	23	4	11	60
Indianapolis General Hospital [1]	Indianapolis	F. W. Taylor	1,208	5,716	47	20	2	8	150
Indiana University Medical Center Hospitals									
Indiana University Medical Center [1]	Indianapolis	H. B. Shumacker	3,277	6,779	129	135	8	20	150
Veterans Admin. Hospital [1]	Indianapolis	D. C. Strange	1,987	.....	85	72	18	18	...
Iowa Methodist Hospital [1-3]	Des Moines	T. Throckmorton	2,053	.....	72	28	2	6	100
University Hospitals [1-3]	Iowa City	R. T. Eldrick	2,889	2,862	136	100	8	23	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	P. Schafer	4,575	3,210	65	46	4	12	125
Louisville General Hospital [1-3]	Louisville, Ky.	R. J. Noer	1,412	13,873	81	35	6	19	75
St. Joseph Infirmary [1-3]	Louisville, Ky.	C. Maguire	6,205	244	93	44	2	5	...
Charity Hospital of Louisiana									
Independent Unit [1-3]	New Orleans	L. J. O'Neil	1,455	15,481	59	26	2	7	100
Louisiana State University Unit [1-3]	New Orleans	J. D. Rives	2,198	22,146	130	52	3	12	40
Tulane University Unit [1-3]	New Orleans	E. W. A. Ochsner	2,089	19,617	121	71	3	12	40
Confederate Memorial Medical Center [1]	Shreveport, La.	P. D. Abramson	2,243	4,486	109	34	6	16	60
Maine General Hospital [1-3]	Portland, Me.	I. M. Webber	1,752	14,276	39	17	2	8	100
Baltimore City Hospitals [1-3]	Baltimore	O. C. Brantigan	1,781	15,346	132	40	6	14	75
Church Home and Hospital [1-3]	Baltimore	T. S. Cullen	.....	.....	...	...	...	...	...
		C. R. Edwards	3,621	1,562	43	21	3	6	200
Franklin Square Hospital [1-3]	Baltimore	H. E. Wilcis	1,235	.....	20	7	2	5	...
Johns Hopkins Hospital [1-3]	Baltimore	A. Blalock	3,962	21,715	139	77	..	9	...
Mercy Hospital [1-3]	Baltimore	W. D. Wise	2,680	21,910	78	34	2	6	250
Sinai Hospital [1-3]	Baltimore	H. M. Kern	3,007	2,502	67	32	3	7	85
Union Memorial Hospital [1-3]	Baltimore	G. G. Finney	5,035	9,124	113	43	4	9	65
University Hospital [1-3]	Baltimore	C. R. Edwards	2,558	9,645	131	50	4	14	50
Beth Israel Hospital [1-3]	Boston	J. Fine	2,758	4,007	53	37	4	13	41.82
Boston City Hospital [1-3]	Boston		10,150	55,212	544	134	25	68	112
I—Surgical Service	Boston	A. J. A. Campbell	.....	.....	...	...	...	...	...
III—Surgical Service	Boston	E. E. O'Neil	.....	.....	...	...	...	...	...
V—Surgical Service	Boston	C. C. Lund	.....	.....	...	...	...	...	...
Carney Hospital [1-3]	Boston	A. McK. Fraser							
		W. E. Browne	1,994	4,149	70	29	4	7	125
Massachusetts General Hospital [1-3]	Boston	E. D. Churchill	7,555	11,694	206	110	8	25	100
Massachusetts Memorial Hospitals [1-3]	Boston	R. Smithwick	1,683	2,604	59	21	5	17	25
New England Center Hospital [1-3]	Boston	C. G. Child	642	.....	24	18	6	17	50
Peter Bent Brigham Hospital [1-3]	Boston	F. D. Moore	5,855	20,303	109	83	6	19	25
St. Vincent Hospital [1-3]	Worcester, Mass.	E. L. Richmond	4,450	.....	81	34	3	7	175
St. Joseph's Mercy Hospital [1-3]	Ann Arbor, Mich.	H. Beebe	1,313	.....	16	11	4	7	200

Numerical and other references will be found on pages 373 and 374.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Beginning Stipend (Month)
University Hospital [1-3]	Ann Arbor, Mich.	F. A. Coller	2,256	9,101	115	77	16	31	134.16
City of Detroit Receiving Hospital [1-3]	Detroit	C. G. Johnston	4,569	18,606	280	124	7	20	254
Grace Hospital [1-3]	Detroit	R. P. Reynolds	8,930	.....	274	132	4	15	225
Harper Hospital [1-3]	Detroit	E. A. Osius	3,305	2,899	95	28	10	19	225
Henry Ford Hospital [1-3]	Detroit	L. S. Fallis	8,913	138,748	178	118	19	54	225
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	W. L. Sherman	2,827	5,907	234	87	1	2	278.33
Hurley Hospital [1]	Flint, Mich.	G. J. Curry	6,014	.....	98	44	2	8	300
Butterworth Hospital [1-3]	Grand Rapids, Mich.	M. B. Tidey	4,254	2,151	89	33	2	7	225
Highland Park General Hospital [1-3]	Highland Park, Mich.	W. McClure	1,048	131	29	15	2	6	....
Minneapolis General Hospital [1-3]	Minneapolis	A. A. Zierold	952	6,057	83	57	6	16	169
University of Minnesota Hospitals [1-3]	Minneapolis	O. H. Wangensteen	1,908	6,234	117	88	9	27	169
Mayo Foundation and Clinic [1-3]	Rochester, Minn.	.....	.....	.....	..	..	..	..	....
Ancker Hospital [1-3]	St. Paul, Minn.	E. M. Jones	1,507	5,437	91	61	2	8	150
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	E. M. Jones							
		H. B. Zimmermann	1,148	1,345	9	7	1	1	150
Kansas City General Hospital No. 1	Kansas City, Mo.	R. K. Coffey	1,299	5,065	66	42	2	8	75
Barnes Hospital [1-3]	St. Louis	C. A. Moyer	6,411	23,469	181	119	15	35	50
Homer G. Phillips Hospital [1-3]	St. Louis	R. Elman	2,731	9,989	185	47	15	27	190
Jewish Hospital [1-3]	St. Louis	C. J. Heifetz	2,840	5,562	75	28	4	10	100
Missouri Pacific Hospital [2]	St. Louis	R. A. Weir	4,118	24,710	65	26	4	10	200
St. Louis City Hospital [1-3]	St. Louis	E. Bricker							
		G. Starkloff	3,309	14,438	268	166	5	17	137.75
St. Mary's Group of Hospitals [1-3]	St. Louis	R. C. Hanlon	2,814	7,158	108	54	4	12	65
University of Nebraska Hospital [1-3]	Omaha, Neb.	H. H. Davis	519	1,343	20	18	4	10	175
Newark Beth Israel Hospital [1-3]	Newark, N. J.	E. V. Parsonnet	5,060	16,339	117	41	1	4	75
Albany Hospital [1-3]	Albany, N. Y.	E. H. Campbell	2,963	2,201	73	39	4	8	110
Brooklyn Hospital [1-3]	Brooklyn	W. H. Field	2,967	5,749	49	16	1	7	100
Coney Island Hospital [1-3]	Brooklyn	J. E. Hammett	2,328	.....	115	48	2	8	98.30
Cumberland Hospital [1-3]	Brooklyn	J. J. Gainey	2,387	17,614	94	19	5	8	99
Jewish Hospital [1-3]	Brooklyn	L. Berger	3,311	6,701	41	29	6	8	75
Kings County Hospital, University Service [1-3]	Brooklyn	J. Dennis	5,051	15,527	345	62	3	13	98
Long Island College Hospital [1-3]	Brooklyn	E. J. Browder	2,263	7,718	61	26	2	5	75
Maimonides Hospital [1-3]	Brooklyn	C. B. Ripstein	2,629	12,144	97	35	10	15	35
Methodist Hospital [1-3]	Brooklyn	S. G. Clark							
		P. A. Renaud	2,508	5,669	32	15	2	5	75
Wyckoff Heights Hospital [1-3]	Brooklyn	P. A. Zoller	1,811	1,551	67	12	3	12	100
Buffalo General Hospital [1-3]	Buffalo, N. Y.	J. R. Paine	3,008	2,614	91	48	..	7	125
Edward J. Meyer Memorial Hospital [1]	Buffalo, N. Y.	J. D. Stewart	1,372	2,606	123	48	2	10	149
Millard Fillmore Hospital [1-3]	Buffalo, N. Y.	H. N. Kenwell	4,493	36	85	38	2	8	255
Sisters of Charity Hospital [1-3]	Buffalo, N. Y.	C. J. Brady	8,478	2,878	201	68	2	8	210
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	M. A. Meiver	1,110	9,721	34	23	2	4	83.33
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	A. S. Warinner	1,722	851	106	49	3	9	225
Queen's General Hospital [1-3]	Jamaica, N. Y.	C. L. Davidson	3,363	12,979	438	144	2	6	98.33
Nassau Hospital [1-3]	Mineola, N. Y.	O. C. Hudson	3,579	.....	62	23	1	4	....
Bellevue Hospital Center									
Division I—Columbia University [1-3]	New York City	F. B. Berry	2,218	10,893	84	30	4	12	90
Division II—Cornell University [1-3]	New York City	C. W. Holman	1,965	10,912	79	22	4	12	98.60
Division III—N. Y. University College of Med. [1-3]	New York City	J. Mulholland	2,761	5,297	134	37	5	13	98
Division IV—New York University Post-Graduate Medical School [1-3]	New York City	J. W. Hinton	2,576	8,616	105	48	11	45	98
Beth Israel Hospital [1-3]	New York City	L. Ginsburg	1,936	2,449	40	16	2	4	60
Flower and Fifth Avenue Hospitals [1-3]	New York City	J. M. Winfield	4,180	4,551	145	42	5	7	....
Goldwater Memorial Hospital [1-3]	New York City	C. W. Cutler, Jr.	371	940	72	16	2	8	98
Harlem Hospital [1-3]	New York City	A. deL. Maynard	1,222	.....	79	13	4	12	98.32
Lenox Hill Hospital [1-3]	New York City	F. M. Donehue	3,397	5,594	72	25	2	8	180
Metropolitan Hospital [1-3]	New York City	J. M. Winfield	1,789	8,479	91	39	2	6	98
Montefiore Hospital [1-3]	New York City	E. S. Hurwitt	1,988	3,631	94	45	3	8	60
Mount Sinai Hospital [1-3]	New York City	M. Ravitch	3,310	7,037	123	82	15	21	50
New York Hospital [1-3]	New York City	F. Glenn	4,659	40,863	175	103	13	27	25
New York Polyclinic Medical School and Hosp. [1-3]	New York City	R. E. Brennan	3,675	35,949	49	26	3	12	....
New York University-Bellevue Medical Center		(See also Bellevue Hospital Center, Division IV)							
University Hospital [1-3]	New York City	J. W. Hinton	3,918	6,148	94	38	..	..	....
Presbyterian Hospital [1-3]	New York City	G. H. Humphreys	3,669	47,578	133	45	7	28	208.32
Roosevelt Hospital [1-3]	New York City	J. E. Thompson							
		H. A. Patterson							
		F. H. Amendola	3,916	10,463	120	32	6	18	116
St. Luke's Hospital [1-3]	New York City	P. C. Morton							
		B. R. Shore	3,735	21,876	95	45	6	12	60
St. Vincent's Hospital [1-3]	New York City	L. M. Rousselot	5,235	21,646	178	88	6	16	50
Genesee Hospital [1-3]	Rochester, N. Y.	S. J. Stabins	2,348	2,329	51	37	2	6	75
Rochester General Hospital [1-3]	Rochester, N. Y.	W. W. Feastermacher	5,143	2,573	77	52	4	12	100
Strong Memorial-Rochester Municipal Hospitals [1]	Rochester, N. Y.	J. J. Morton	2,747	10,163	139	106	2	19	41.66
State University of New York Medical Center [1-3-201]	Syracuse, N. Y.	A. B. Raffi	11,668	5,380	240	84	6	12	191.66
White Plains Hospital [1-3]	White Plains, N. Y.	E. G. Ramsdell	3,216	1,020	59	28	1	4	125
Duke Hospital [1-3]	Durham, N. C.	D. Hart	1,986	13,343	31	16	6	20	25
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	H. H. Bradshaw	1,330	2,703	18	11	3	13	41.66
City Hospital [1-3]	Akron, Ohio	S. Schlueter	2,534	923	98	30	6	14	250
Peoples Hospital [1-3]	Akron, Ohio	R. E. Brubaker	1,701	1,109	21	10	4	11	230
Mercy Hospital [1-3]	Canton, Ohio	S. Hill	5,979	186	94	22	4	10	200
Cincinnati General Hospital [1-3]	Cincinnati, Ohio	W. A. Altemeier	2,838	22,497	247	116	8	26	....
City Hospital [1-3]	Cleveland	F. A. Simeone	4,788	15,770	183	84	..	..	99
Cleveland Clinic Hospital [1-3]	Cleveland	R. S. Dinsmore	2,265	12,143	59	36	10	23	175
Lutheran Hospital [1-3]	Cleveland	J. H. Lazzari	3,995	.....	74	34	2	5	162.50
Mount Sinai Hospital [1-3]	Cleveland	S. O. Freedlander	2,549	2,824	47	19	5	11	....
St. Alexis Hospital [1-3]	Cleveland	C. R. Lukenski	5,935	1,408	123	41	4	10	250
St. John's Hospital [1-3]	Cleveland	F. T. Gallagher	2,943	397	62	12	3	8	....
St. Luke's Hospital [1-3]	Cleveland	D. M. Glover	3,702	2,642	84	43	2	8	120
St. Vincent Charity Hospital [1]	Cleveland	E. P. Neary	5,208	16,276	147	30	4	12	....
University Hospitals [1-3]	Cleveland	W. D. Holden	4,671	8,879	129	90	7	21	25
University Hospitals									
University Hospital [1-3]	Columbus, Ohio	R. M. Zollinger	5,524	7,808	202	123	11	36	150
Lakewood Hospital [1-3]	Lakewood, Ohio	N. W. Thiessen	1,549	64	30	16	4	7	150
St. Elizabeth's Hospital [1-3]	Youngstown, Ohio	J. A. Renner	1,885	375	27	8	2	5	200
Youngstown Hospital [1-3]	Youngstown, Ohio	A. E. Brant	8,619	973	129	60	2	8	125
University Hospitals [1-3]	Oklahoma City	F. M. Linzenfelter	1,616	4,640	49	22	2	5	50
St. Vincent's Hospital [1]	Portland, Ore.	D. B. Seabrook	5,515	251	75	43	2	5	165
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore.	W. K. Livingston	1,437	7,443	75	48	2	8	85
Abington Memorial Hospital [1-3]	Abington, Pa.	D. B. Pfeiffer	2,699	2,467	80	33	1	4	100
George F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	H. L. Foss	2,279	10,956	46	18	..	4	100

Numerical and other references will be found on pages 373 and 374.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Service	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Harrisburg Hospital [1-3]	Harrisburg, Pa.	P. Kunkel	3,360	20,031	89	30	1	3	200
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	W. K. McBride	4,138	4,346	83	25	1	3	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	S. D. Weeder	2,682	3,196	106	43	1	4	150
Hahnemann Medical College and Hospital [1-3]	Philadelphia	W. L. Martin	3,686	11,586	102	28	3	12	50
Hospital of the University of Pennsylvania [1-3]	Philadelphia	I. S. Ravdin	5,008	.....	86	65	7	24	125
Jefferson Medical College Hospital [1-3]	Philadelphia	T. A. Shallow	3,304	8,448	110	50	7	19	...
Lankenau Hospital [1-3]	Philadelphia	J. M. Deaver G. C. Engel	2,553	11,182	43	29	2	6	100
Pennsylvania Hospital [1-3]	Philadelphia	J. B. Flick, Sr.	1,541	6,724	86	42	..	7	20
Temple University Hospital [1-3]	Philadelphia	W. E. Burnett	2,427	3,224	74	33	3	12	50
Allegheny General Hospital [1-3]	Pittsburgh	H. E. DeWalt	2,875	3,967	89	19	..	2	150
Pittsburgh Medical Center [1]	Pittsburgh	S. P. Harbison	1,574	.....	22	6	4	11	50
Western Pennsylvania Hospital [1-3]	Pittsburgh	L. H. Landon	3,235	1,556	129	29	2	8	225
Robert Packer Hospital [1-3]	Sayre, Pa.	D. Guthrie	3,106	6,516	46	31	3	7	100
York Hospital [1-3]	York, Pa.	J. F. Bacon	4,759	4,631	112	42	1	3	250
Rhode Island Hospital [1-3]	Providence, R. I.	J. M. Beardsley	4,592	12,439	144	54	5	11	60
Roper Hospital [1-3]	Charleston, S. C.	F. E. Kredel	3,340	29,329	107	60	3	7	83
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	A. R. Porter	7,377	1,992	71	29	2	8	100
City of Memphis Hospitals [1-3]	Memphis, Tenn.	H. Wilson	2,615	.....	183	84	2	7	35
George W. Hubbard Hospital of Meharry Medical College [1-3]	Nashville, Tenn.	M. Walker	927	7,722	56	22	3	9	125
Vanderbilt University Hospitals									
Nashville General Hospital [1-3]	Nashville, Tenn.	R. A. Daniel	2,339	26,582	73	12	2	6	50
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. W. Scott	3,143	14,759	89	46	4	13	50
St. Thomas Hospital [1-3]	Nashville, Tenn.	L. W. Edwards	5,297	.....	39	10	4	14	200
Baylor University Hospital [1-3]	Dallas, Texas	J. W. Duckett	3,905	2,333	39	15	3	9	75
Parkland Hospital [1-3]	Dallas, Texas	R. Wilson	1,294	6,689	58	21	5	12	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	R. M. Moore	1,954	7,122	35	21	5	12	...
Jefferson Davis Hospital [1]	Houston, Texas	M. E. DeBakey	2,000	17,146	104	52	6	15	50
Salt Lake County General Hospital [1-3]	Salt Lake City	P. B. Price	922	8,481	70	42	3	9	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	E. P. Lehman	2,224	11,238	59	28	7	15	50
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. M. Emmett	3,438	8,895	79	11	3	8	150
Norfolk General Hospital [1-3]	Norfolk, Va.	W. E. Butler	2,100	1,462	39	22	4	10	125
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	I. A. Bigger	4,080	6,177	107	39	9	24	50
King County Hospital—Unit No. 1 (Harborview)	Seattle, Wash.	H. N. Harkins	2,047	12,983	166	92	5	11	110
Virginia Mason Hospital [1-3]	Seattle, Wash.	J. W. Baker	4,251	24,472	64	46	3	11	100
University Hospitals [1-3]	Madison, Wis.	F. R. Schmidt	2,158	9,096	85	60	4	16	50
Milwaukee County Hospital [1-3]	Milwaukee	C. F. Conroy	6,030	11,322	268	90	4	11	208.92
Milwaukee Hospital [1-3]	Milwaukee	C. S. Rife	4,980	3,975	43	15	2	4	150

The following services have been approved for three years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. (See also additional lists of approved services, pp. 361-364 and 367-363.)
Hospitals, 245; Assistant Residencies and Residencies, 1,567

FEDERAL

UNITED STATES ARMY

Tripler Army Hospital [66]	Honolulu, T. H.	L. C. Ball	5,248	7,897	28	22	2	6	...

UNITED STATES NAVY

U. S. Naval Hospital [1]	Portsmouth, Va.	C. F. Storey	4,946	7,159	24	17	..	2	...

UNITED STATES PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital [1]	New Orleans	O. C. Williams	2,163	4,017	37	31	1	4	...
U. S. Public Health Service Hospital [1]	Baltimore, Md.	H. D. Fishbura	4,262	27,749	118	90	2	7	...
U. S. Public Health Service Hospital	Boston	T. S. McGowan	1,840	5,330	17	13	1	4	...
U. S. Public Health Service Hospital [1]	Staten Island, N. Y.	J. D. Lane, Jr.	6,341	31,117	58	36	4	10	...
U. S. Public Health Service Hospital [1]	Seattle, Wash.	P. E. Walker	2,442	12,890	27	20	2	8	...

VETERANS ADMINISTRATION

Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	A. G. Yancey	1,666	172	34	23	3	9	...
Veterans Admin. Hospital [1-3]	Little Rock, Ark.	R. J. Lipin	819	.....	37	25	4	4	...
Veterans Admin. Hospital [1-3]	Coral Gables, Fla.	M. H. Todd	2,763	1,234	83	73	5	14	...
Veterans Admin. Hospital [1]	Atlanta, Ga.	J. A. Martin	2,037	.....	49	33	6	14	...
Veterans Admin. Hospital [1-3]	Augusta, Ga.	J. C. Thorourghman	854	1,256	23	16	6	10	...
Veterans Admin. Hospital [1-3]	Wichita, Kan.	A. H. Hinshaw	1,472	.....	37	26	4	8	...
Veterans Admin. Hospital [1-3]	Lincoln, Neb.	B. R. Walske	1,507	780	22	15	2	7	...
Veterans Admin. Hospital [1]	Albuquerque, N. Mex.	W. A. Childs	1,335	5,795	19	19	9	9	...
Veterans Admin. Hospital [1-3]	Albany, N. Y.	J. A. Nelson	742	1,111	32	24	4	14	...
Veterans Admin. Hospital [1]	Columbia, S. C.	K. M. Lippert	1,063	837	23	16	1	3	...
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	R. Hollinsworth	1,564	705	23	16	3	8	...
Veterans Admin. Hospital [1-2]	San Juan, P. R.	L. A. Passalacqua	1,639	610	13	9	2	6	...

NONFEDERAL

Carraway Methodist Hospital [1-3]	Birmingham, Ala.	C. N. Carraway B. M. Carraway	833	19,143	21	7	2	4	150
City Hospital	Mobile, Ala.	E. B. Frazer	1,522	3,708	54	23	3	3	175
San Joaquin General Hospital [1-3]	French Camp, Calif.	W. Brock	2,142	14,329	91	70	3	7	233
General Hospital of Fresno County [1-3]	Fresno, Calif.	H. M. Gilmsburg	1,784	4,789	52	23	2	6	231
California Hospital [1-3]	Los Angeles	W. H. Olds	2,959	1,285	59	23	2	8	150
Cedars of Lebanon Hospital [1-3]	Los Angeles	D. Rosenbaum S. Herzikoff	2,043	4,432	28	16	1	4	150
Hospital of the Good Samaritan [1-3]	Los Angeles	G. K. Smith	2,419	3,649	17	10	2	7	150
Presbyterian Hospital-Olmsted Memorial [1-3]	Los Angeles	R. F. Golden	2,759	162	38	19	1	3	175
Queen of Angels Hospital [1-3]	Los Angeles	W. Sullivan	3,468	.....	77	52	1	4	150
St. Vincent's Hospital [1]	Los Angeles	F. J. Breslin	5,629	.....	27	11	1	3	150
White Memorial Hospital [1-3]	Los Angeles	C. E. Stafford	1,312	6,109	37	25	2	6	146.25
Mercy Hospital [1-3]	San Diego	J. J. O'Hara	7,720	.....	20	7	1	4	175
San Diego County General Hospital [1-3]	San Diego	A. H. Lorch	1,212	4,155	88	27	4	7	150
French Hospital [1-3]	San Francisco	W. L. Rogers	2,628	2,480	59	19	2	3	125
St. Joseph's Hospital [1-3]	San Francisco	G. F. Cushman	2,578	308	26	11	1	3	150
St. Mary's Hospital [1-3]	San Francisco	E. Butler	4,768	3,641	85	16	3	6	150
Southern Pacific General Hospital [1-3]	San Francisco	V. M. Strange	1,486	.....	13	7	4	8	150
Harbor General Hospital [1-3]	Torrance, Calif.	J. M. Farris	1,266	5,250	64	36	4	14	190
Presbyterian Hospital [1-3]	Denver	K. C. Sawyer	1,573	.....	20	11	2	2	...
St. Anthony Hospital [1-3]	Denver	R. M. Burlingame	5,022	1,169	37	17	1	3	225
St. Joseph's Hospital [1]	Denver	F. R. Harper	1,598	.....	25	12	1	3	150

Numerical and other references will be found on pages 373 and 374.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [2]	Total Residencies Offered [2]	Beginning Stipend (Month)
St. Luke's Hospital [1-3]	Denver	D. R. Hirbee	4,434	.....	67	33	2	5	150
Bridgeport Hospital [1-3]	Bridgeport, Conn.	M. L. Cheney	4,550	.....	105	34	1	4	125
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	W. Curley	2,372	695	56	14	2	6	....
St. Francis Hospital [1-3]	Hartford, Conn.	B. B. Landry	3,501	449	72	31	1	3	100
Grace-New Haven Community Hospital		(See also Grace-New Haven Community Hospital—University Service)							
General Service [1-3]	New Haven, Conn.	L. C. Foster	.....	.....	..	..	..	..	....
Hospital of St. Raphael [1-3]	New Haven, Conn.	G. Connor	3,080	1,334	69	47	4	11	100
Waterbury Hospital [1]	Waterbury, Conn.	H. F. Morrill	3,962	1,369	83	42	1	4	125
Doctors Hospital [1-3]	Washington, D. C.	C. S. White	2,359	.....	45	32	2	5	200
Duval Medical Center [1-3]	Jacksonville, Fla.	E. Jelks	2,021	13,183	97	37	2	5	150
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	F. Waas	2,201	.....	39	22	3	7	135
Jackson Memorial Hospital [1]	Miami, Fla.	W. C. Jones	4,443	15,193	133	60	6	15	75
Mount Sinai Hospital [1-3]	Miami Beach, Fla.	R. M. Fleming	3,332	1,744	61	30	1	3	....
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	C. E. Holloway	4,811	1,855	37	9	6	9	87.50
Georgia Baptist Hospital [1-3]	Atlanta, Ga.	T. C. Davison	2,132	597	21	4	4	9	280
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	W. P. Nicolson, Jr.	3,245	1,654	43	24	1	3	160
Emory University Hospital [1-3]	Emory University, Ga.	D. C. Elkin	2,891	.....	25	11	6	7	170
American Hospital [1-3]	Chicago	P. Thotek							
		M. Thorek	2,020	.....	56	..	5	8	50
Augustana Hospital [1-3]	Chicago	O. E. Nadeau	3,587	4,650	57	31	3	7	150
Chicago Memorial Hospital [1-3]	Chicago	J. V. Prohaska	1,567	1,500	18	10	..	3	200
Grant Hospital [1-3]	Chicago	P. H. M.Daniel	1,101	5,194	45	29	2	2	....
Illinois Masonic Hospital [1-3]	Chicago	P. Shambaugh	1,827	8,415	48	20	3	6	85
Lutheran Deaconess Hospital [1-3]	Chicago	J. D. Kosicky	4,163	460	52	10	1	3	200
Provident Hospital [1-3]	Chicago	W. S. Grant	1,674	3,554	48	17	1	3	200
St. Elizabeth Hospital [1-3]	Chicago	M. G. Liken	3, 61	.....	13	5	2	3	125
St. Joseph Hospital [1-3]	Chicago	B. Fitzgerald	1,193	440	25	10	2	2	200
St. Mary of Nazareth Hospital	Chicago	E. H. Warschawski	3,834	1,567	39	11	2	6	150
Evanston Hospital [1-3]	Evanston, Ill.	J. M. Dorsey	1,597	3,6 9	32	20	1	3	50
St. Francis Hospital [1-3]	Evanston, Ill.	D. P. Slaughter	3,05	2,897	101	46	2	6	150
West Suburban Hospital	Oak Park, Ill.	H. A. Oberhelman	3,578	3,902	63	24	2	4	150
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	D. H. McKinney	1,568	1, 61	78	32	1	4	175
St. Margaret Hospital	Kansas City, Kan.	M. V. Laing	2,788	2,811	27	17	1	4	....
Wesley Hospital [1-3]	Wichita, Kan.	W. J. Kiser	1,282	....	19	3	1	4	200
St. Joseph Hospital [1-3]	Lexington, Ky.	F. W. Rankin	1,800	1,280	62	28	3	7	120
Ochsner Foundation Hospital [1-3]	New Orleans	A. Ochsner	1,121	12,066	31	23	6	16	150
Southern Baptist Hospital [1]	New Orleans	C. R. Walters	7,759	.....	48	..	1	3	225
Touro Infirmary [1]	New Orleans	L. W. Kaplan	3,821	4,701	59	32	2	6	35
Lutheran Hospital [1-3]	Baltimore	W. E. Gilmore	2,341	2,397	..	..	2	7	120
Maryland General Hospital [1-3]	Baltimore	W. M. Firor	3,624	1,275	97	31	4	8	100
Provident Hospital and Free Dispensary [1-3]	Baltimore	R. L. Jackson	1,118	417	26	4	..	4	....
St. Agnes Hospital [1]	Baltimore	G. A. Stewart	1,8 3	691	39	2	2	4	125
St. Joseph's Hospital [1-3]	Baltimore	E. L. Gaspari	1,751	442	25	14	1	3	200
South Baltimore General Hospital [1-3]	Baltimore	G. H. Yeazer	1,817	2,781	40	9	4	7	....
Beverly Hospital	Beverly, Mass.	P. P. Johnson	2,248	8,473	33	25	2	5	160
Boston City Hospital [1-3]	Boston		19,150	35,212	544	154	25	68	112
II—Surgical Service		G. W. Papen							
IV—Surgical Service		J. H. Burnett							
Children's Medical Center [1-3]	Boston	R. E. Gross	1,168	12,570	56	..	..	11	50
St. Elizabeth Hospital [1-3]	Boston	J. W. Spellman	3,653	5,768	76	35	3	6	125
Cambridge City Hospital [1-3]	Cambridge, Mass.	J. B. Verna Ba	1,630	7,177	77	20	1	3	125
Mount Auburn Hospital [1-3]	Cambridge, Mass.	S. J. G. Nowak	3,664	1,388	53	25	..	3	115
Malden Hospital [1-3]	Malden, Mass.	W. E. Garrey	3,952	.....	62	25	3	6	100
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	R. I. Smith	2,449	905	158	63	1	3	170
Springfield Hospital [1-3]	Springfield, Mass.	J. L. Snead	3,981	1,202	75	37	3	8	75
Memorial Hospital [1-3]	Worcester, Mass.	B. C. Wheeler	5,702	401	52	36	1	5	200
Worcester City Hospital [1-3]	Worcester, Mass.	E. J. Croce	2,887	.....	104	43	1	4	200
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	R. L. Mustard	1,204	.....	39	5	2	2	275
Alexander Blain Hospital [1-3]	Detroit	A. Blain	1,806	36,806	25	10	3	9	250
Detroit Memorial Hospital [1-3]	Detroit	C. K. Ghiselin	2,214	405	26	11	1	4	225
Evangelical Deaconess Hospital [1-3]	Detroit	E. C. Baumgarten	1,914	187	23	7	1	5	260
Mount Carmel Mercy Hospital [1]	Detroit	F. G. Hicks	9,916	65	118	36	3	12	225
Providence Hospital [1-3]	Detroit	G. M. O'Brien	6,291	.....	105	36	1	4	250
St. Joseph Mercy Hospital [1]	Detroit	D. J. Leithauser	1,618	467	14	7	1	3	325
McLaren General Hospital [1-3]	Flint, Mich.	H. W. Thompson	2,552	715	10	7	1	3	325
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	R. H. Meade	1,507	86	30	21	1	3	200
St. Mary's Hospital [1]	Grand Rapids, Mich.	S. L. Moleski	3,804	1,962	78	30	2	4	200
Bronson Methodist Hospital [1]	Kalamazoo, Mich.	A. B. Hoffman	2,586	3,627	53	23	1	3	250
Pontiac General Hospital [1-3]	Pontiac, Mich.	W. C. Abbott	1,163	.....	88	37	1	3	225
Saginaw General Hospital [1-3]	Saginaw, Mich.	H. M. Bishop	2,924	2,836	78	39	1	3	320
Mount Sinai Hospital [1-3]	Minneapolis		2,263	1,589	24	19	2	6	200
Northwestern Hospital [1-3]	Minneapolis	Z. T. Evans	2,410	.....	14	7	1	3	200
St. Barnabas Hospital [1-3]	Minneapolis	J. H. Strickler	1,162	.....	16	15	2	2	175
St. Joseph's Hospital	St. Paul								
Mayo Foundation [1-3]	Rochester, Minn.		40,934	46,934	223	167	46	140	150
Lutheran Hospital	Vicksburg, Miss.	W. H. Parsons	1,416	.....	27	13	2	4	50
Mercy Hospital-Street Memorial [1-3]	Vicksburg, Miss.	A. Street	2,355	26,381	52	19	1	4	225
St. Louis County Hospital [1-3]	Clayton, Mo.	C. Doyle	4,675	14,383	51	20	2	6	275
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	M. S. Harless	830	7,968	74	34	2	6	75
Research Hospital [1-3]	Kansas City, Mo.	C. J. Hunt	3,876	6,161	20	16	2	6	175
St. Joseph Hospital [1-3]	Kansas City, Mo.	R. R. Coffey	8,116	6,585	69	31	1	4	200
St. Luke's Hospital [1-3]	Kansas City, Mo.	M. A. Ziegler	3,891	.....	53	32	2	4	175
De Paul Hospital [1-3]	St. Louis	J. W. Thompson	2,186	282	59	21	1	3	185
Missouri Baptist Hospital [1-3]	St. Louis	G. Rendleman	2,300	.....	64	18	2	5	175
St. John's Hospital [1-3]	St. Louis	G. T. Gafney	3,610	934	78	27	3	5	150
St. Luke's Hospital [1-3]	St. Louis	C. E. Lischer	1,387	1,126	32	15	2	4	....
Creighton Memorial, St. Joseph's Hospital [1]	Omaha, Neb.	H. H. McCarthy	5,112	7,294	98	43	4	16	150
Atlantic City Hospital [1]	Atlantic City, N. J.	D. B. Allman	1,960	23,474	53	14	1	3	150
Cooper Hospital [1-3]	Camden, N. J.	I. E. Deibert	7,534	4,303	103	39	1	3	200
West Jersey Hospital [1-3]	Camden, N. J.	H. W. Jack	1,571	1,031	44	23	..	2	200
Medical Center-Jersey City Hospital [1-3]	Jersey City, N. J.	E. J. Hallinan	6,623	21,893	268	63	8	25	66.75
Burlington County Hospital [1-3]	Mt. Holly, N. J.	T. J. Sumney	1,436	1,674	34	16	1	2	100
City Hospital [1-3]	Newark, N. J.	C. E. Rich	1,306	1,030	127	45	3	9	....
Hospital of St. Barnabas and for Women and Children [1-3]	Newark, N. J.	C. J. Reilly	2,172	2,092	45	23	1	4	100
Orange Memorial Hospital [1-3]	Orange, N. J.	C. W. Scranton	3,136	2,399	85	34	1	3	125
St. Francis Hospital [1-3]	Trenton, N. J.	S. Sica	5,057	11,031	158	32	2	8	210
Binghamton City Hospital [1-3]	Binghamton, N. Y.	R. C. Goudey	3,150	936	86	37	2	4	150
Beth-El Hospital [1-3]	Brooklyn	H. Neuhof	2,182	14,984	52	5	5	11	100
Greenpoint Hospital [1-3]	Brooklyn	J. Smith	2,397	12,594	109	22	2	6	....

Numerical and other references will be found on pages 373 and 374.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
Kings County Hospital, County Division [1-3]	Brooklyn	J. Rayeroft	5,376	20,409	312	67	3	11	98
Norwegian Lutheran Deaconesses' Home and Hosp.[1-3]	Brooklyn	R. P. San Filippo	2,088	2,617	58	27	..	3	100
St. Catherine's Hospital [1-3]	Brooklyn	J. A. McCabe	3,450	5,047	52	18	2	4	125
St. John's Episcopal Hospital [1-3]	Brooklyn	M. N. Foote	1,867	4,209	61	24	1	1	115
St. Mary's Hospital [1-3]	Brooklyn	A. J. McGowan	1,110	2,916	37	11	1	3	175
Deaconess Hospital [1-3]	Buffalo, N. Y.	T. T. Jacobs	4,567	38	52	15	3	3	175
Clifton Springs Sanitarium & Clinic [1-3]	Clifton Springs, N. Y.	R. M. Price	1,670	8,517	23	17	1	3	100
Flushing Hospital & Dispensary [1-3]	Flushing, N. Y.	C. N. Baker	4,729	15,606	79	31	1	3	125
Jamaica Hospital [5]	Jamaica, N. Y.	E. J. Patterson	1,568	2,170	60	18	1	4	175
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	H. W. Draffen							
		I. B. Safferstone	4,379	4,401	84	18	2	6	110
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	D. Smith	3,150	13,758	43	23	3	8	175
Mount Vernon Hospital [2]	Mt. Vernon, N. Y.	N. W. Cornell	3,288	1,414	52	20	1	3	125
New Rochelle Hospital [2]	New Rochelle, N. Y.	G. C. Adie	4,133	3,902	91	33	1	4	125
Beth David Hospital [1-3]	New York City	L. Breideabach	2,444	3,335	42	7	1	3	125
Bronx Hospital [1-3]	New York City	F. Friedlander	2,967	4,985	71	14	2	8	50
Fordham Hospital [1-3]	New York City	L. Marton	2,887	17,877	245	42	2	6	98.33
Fiedler Hospital [1-3]	New York City	H. B. Keyes	2,645	3,403	70	24	1	4	50
Knickerbocker Hospital [1-3]	New York City	R. H. Patterson	2,610	4,294	51	11	2	4	110
Lenox Hill Hospital [1-3]	New York City	F. M. Donehue							
		H. C. Maier	3,397	5,594	72	25	2	8	180
Lincoln Hospital [1-3]	New York City	F. H. Amendola	2,786	16,810	149	24	6	14	65
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	H. T. Randall	8,439	116,744	497	233	26	51	98
Morrisania City Hospital [1-3]	New York City	R. J. Azzari	917	4,477	67	22	2	6	98
New York City Hospital [1-3]	New York City	W. M. Weeden	2,512	11,425	94	26	2	4	150
St. Clare's Hospital [1]	New York City	J. L. Madden	3,373	6,271	133	30	2	8	50
St. Francis Hospital [1]	New York City	J. P. Alvich	2,202	3,099	66	12	1	3	125
Highland Hospital [1-3]	Rochester, N. Y.	H. Ziegler	4,174	667	55	40	3	6	100
St. Mary's Hospital [1-3]	Rochester, N. Y.	N. J. Piaff	6,435	1,855	..	19	2	6	200
Ellis Hospital [1]	Schenectady, N. Y.	S. F. MacMillan	4,846	866	65	..	2	4	....
Grasslands Hospital [1-3]	Valhalla, N. Y.	G. C. Adie	447	2,513	57	32	1	4	125
North Carolina Memorial Hospital	Chapel Hill, N. C.	N. A. Womack	284	.....	9	9	4	15	...
Charlotte Memorial Hospital	Charlotte, N. C.	T. D. Sparrow	1,701	5,510	13	7	1	4	150
Lincoln Hospital [1-3]	Durham, N. C.	H. M. S.hiebel	778	1,356	24	8	4	7	150
Watts Hospital [1]	Durham, N. C.	H. M. S.hiebel	3,710	22,125	36	8	2	6	150
Rex Hospital [1-3]	Raleigh, N. C.	A. Webb	4,854	6,616	50	11	1	3	200
City Memorial Hospital	Winston-Salem, N. C.	J. F. Marshall	2,811	5,054	41	26	2	5	200
St. Thomas Hospital [1-3]	Akron, Ohio	D. E. Banks	4,284	492	23	9	2	7	250
Aultman Hospital [1-3]	Canton, Ohio	H. J. Bowman	3,992	840	123	70	4	8	225
Christ Hospital [1]	Cincinnati	E. A. Kindel	2,313	3,316	75	29	2	5	200
Good Samaritan Hospital [1-3]	Cincinnati	L. B. Johnston	2,485	.....	49	20	2	8	175
Jewish Hospital [1-3]	Cincinnati	J. D. Heiman	5,631	482	69	44	4	10	145
St. Mary's Hospital [1-3]	Cincinnati	R. D. Mansfield	1,443	18,333	43	14	1	3	250
Mount Carmel Hospital [1]	Columbus, Ohio	W. H. Teachnor	4,189	2,176	110	36	1	3	250
White Cross Hospital [1-3]	Columbus, Ohio	R. E. S. Young	4,661	.....	66	19	2	4	375
Miami Valley Hospital [1-3]	Dayton, Ohio	R. D. Snyder	3,169	1,994	61	29	2	6	210
Huron Road Hospital [1-3]	East Cleveland, Ohio	L. A. Steinhilber	2,641	236	68	27	2	6	210
St. Rita's Hospital [1-3]	Lima, Ohio	A. M. Barone	4,697	1,763	65	39	1	3	175
Maumee Valley Hospital [1-3]	Toledo, Ohio	W. H. Meffley	1,339	5,621	107	73	2	5	210
Mercy Hospital [1-3]	Toledo, Ohio	E. L. Gaspari	1,731	442	25	14	3	3	200
St. Vincent's Hospital [1-3]	Toledo, Ohio	B. G. Shaaer	2,935	.....	86	42	2	5	225
Toledo Hospital [1-3]	Toledo, Ohio	F. P. Osgood	3,143	213	51	40	1	3	200
St. Anthony Hospital [1-3]	Oklahoma City, Okla.	L. J. Starry	5,022	1,139	111	30	1	3	150
Hillcrest Medical Center [1]	Tulsa, Okla.	P. Atkins, Jr.	6,342	.....	35	16	4	8	150
St. John's Hospital [1]	Tulsa, Okla.	H. White	1,987	.....	32	5	2	5	150
Emanuel Hospital [1-3]	Portland, Ore.	J. M. Galss	2,997	.....	38	26	1	3	100
Allentown Hospital [1-3]	Allentown, Pa.	R. L. Schaeffer	2,374	1,116	82	38	1	3	225
Sacred Heart Hospital [1]	Allentown, Pa.	J. Nass	5,271	8,654	105	49	1	1	200
St. Luke's Hospital [1-3]	Bethlehem, Pa.	D. P. Wagner	4,142	337	97	31	5	7	275
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	F. R. Robbins	3,027	1,488	70	39	2	5	100
Hamot Hospital [1-3]	Erie, Pa.	A. F. Jonas	4,671	1,993	91	39	1	3	200
St. Vincent's Hospital [1-3]	Erie, Pa.	J. W. Schilling	2,936	791	102	42	1	3	100
St. Joseph's Hospital [1]	Lancaster, Pa.	J. L. Atlee, Jr.	4,443	7,119	88	50	1	3	150
Albert Einstein Medical Center									
Northern Division [1-3]	Philadelphia	R. Goldsmith	3,625	5,785	127	52	2	6	100
Southern Division [1-3]	Philadelphia	B. Lipshutz							
		L. Kaplan	2,912	11,284	39	20	3	3	75
Episcopal Hospital [1]	Philadelphia	J. W. Klopp	1,942	8,314	68	21	2	6	100
Frankford Hospital [1-3]	Philadelphia	L. K. Ferguson	1,073	1,189	26	11	1	3	250
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	W. Bates	1,468	9,390	65	34	3	12	...
Hospital of the Woman's Medical College of Pa.[1-3]	Philadelphia	L. K. Ferguson	1,181	5,874	21	7	1	4	60
Methodist Episcopal Hospital [1-3]	Philadelphia	G. Willauer	1,326	10,032	46	13	1	3	200
Philadelphia General Hospital [1-3]	Philadelphia	W. H. Hill	3,777	13,039	424	175	3	7	112.34
Presbyterian Hospital [1-3]	Philadelphia	O. C. King	2,868	5,279	61	37	4	7	100
Woman's Hospital [1-3]	Philadelphia	C. Smyth	787	1,504	13	5	1	2	175
Mercy Hospital [1-3]	Pittsburgh	H. H. Donaldson	3,801	6,245	97	13	1	1	150
Montefiore Hospital [1-3]	Pittsburgh	J. D. Koskoff	4,798	5,889	67	35	1	4	58.33
Pittsburgh Hospital [1-3]	Pittsburgh	J. W. Stinson	2,040	3,842	66	12	1	3	200
St. Francis Hospital [1-3]	Pittsburgh	E. W. Meredith	3,384	9,448	54	18	1	3	150
Reading Hospital [1-3]	Reading, Pa.	C. B. Rentschler	1,496	1,225	42	15	1	3	125
St. Joseph's Hospital [1-3]	Reading, Pa.	R. R. Impink	1,085	2,679	32	14	1	4	250
Wilkes-Barre General Hospital [1]	Wilkes-Barre, Pa.	C. J. Rimbaugh	2,765	1,017	75	34	1	3	225
Williamsport Hospital [1-3]	Williamsport, Pa.	A. F. Hardt	2,066	898	25	8	..	20	....
Baroness Erlanger Hospital [1-3]	Chattanooga, Tenn.	G. H. Kistler	5,425	4,010	81	26	6	12	125
Knoxville General Hospital [1]	Knoxville, Tenn.	J. B. Ely	628	2,183	31	5	2	5	150
Methodist Hospital	Memphis, Tenn.	B. Malone	6,670	.....	63	21	1	5	100
St. Joseph Hospital [1-3]	Memphis, Tenn.	A. J. Grobmyer	1,636	315	43	17	2	4	....
Mid State Baptist Hospital [1-3]	Nashville, Tenn.	D. W. Smith	3,350	1,955	53	12	3	6	150
Methodist Hospital [1-3]	Dallas, Texas	R. E. Lee	2,505	491	41	16	4	10	125
Hermann Hospital [1-3]	Houston, Texas	G. W. Waldron	5,051	3,316	68	23	2	4	100
St. Joseph's Hospital [1]	Houston, Texas	J. P. Barnes	2,414	410	31	8	1	3	150
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	T. A. Pressly	1,200	11,175	65	15	2	4	125
Scott and White Memorial Hospitals [1-3]	Temple, Texas	A. C. Scott							
		G. V. Brindley	4,097	5,122	49	12	4	14	250
Wichita Falls Clinic Hospital	Wichita Falls, Texas	W. E. Crump	2,023	34,132	14	3	1	1	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-3]	Salt Lake City	S. S. Smith	7,815	2,136	105	41	2	6	160
Mary Fletcher Hospital [1-3]	Burlington, Vt.	A. G. Mackay	2,333	3,210	39	28	1	3	100
Alexandria Hospital [1-3]	Alexandria, Va.	C. L. Fifer	1,391	2,010	25	9	1	3	200
Johnston-Willis Hospital [1-3]	Richmond, Va.	F. S. Johns	4,053	6,400	11	4	..	1	225
Jefferson Hospital [1-3]	Roanoke, Va.	A. P. Jones	1,494	6,522	13	8	1	4	200

Numerical and other references will be found on pages 373 and 374.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered	Initial Monthly Stipend (Month)
Swedish Hospital [1-3]	Seattle, Wash.	W. B. Hutchinson	8,429	.....	156	105	..	3	100
Beckley Hospital [3]	Beckley, W. Va.	R. G. Stoneburner	2,306	15,804	35	17	1	4	150
Charleston General Hospital [1]	Charleston, W. Va.	H. A. Bailey	2,444	3,466	30	16	2	8	160
Kanawha Valley Hospital [3]	Charleston, W. Va.	J. C. Condry	2,285	2,199	56	18	1	2	200
St. Mary's Hospital [1-3]	Huntington, Va.	F. L. Coffey	3,761	4,048	49	16	1	4	175
Laird Memorial Hospital [1-3]	Montgomery, W. Va.	W. R. Laird	2,174	10,301	48	17	1	2	200
St. Joseph's Hospital [1-3]	Parkersburg, W. Va.	R. W. Corbitt	2,050	.....	53	8	2	2	300
Myers Clinic Hospital [1-3]	Philippi, W. Va.	H. C. Myers	1,257	10,159	27	18	1	3	200
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	J. O. Rankin	1,918	1,765	34	13	1	3	325
Madison General Hospital [1-3]	Madison, Wis.	J. P. Malec	2,653	.....	38	22	..	4	150
Columbia Hospital [1-3]	Milwaukee	F. Raine	1,088	.....	16	8	1	3	125
St. Joseph's Hospital [1]	Milwaukee	F. Stratton	4,983	.....	77	42	2	4	200
Gorgas Hospital [3]	Ancon, C. Z.	E. C. Lowry	2,349	6,109	55	41	2	6	282.55
Queen's Hospital [1-3]	Honolulu, T. H.	J. E. Strode	2,732	5,670	30	12	2	5	135
Bayamon District Hospital	Bayamon, P. R.	J. M. Bertran	1,578	3,918	103	81	1	3	250
San Juan City Hospital [1-3]	San Juan, P. R.	J. N. Benitez	2,337	36,821	59	32	2	5	150

The following hospitals approved by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery, offer training in surgery of less than three years' duration which is integrated with or contributory to a fully approved program. (See also additional lists of approved services, pp. 361-367 and 367-369.)

Hospitals, 44; Assistant Residencies and Residencies, 148

FEDERAL

UNITED STATES NAVY

U. S. Naval Hospital [1]	Great Lakes, Ill.	L. L. Bean	2,257	9,065	12	10	..	3	...

NONFEDERAL

Glendale Sanitarium and Hospital [1]	Glendale, Calif.	E. Morel	3,149	1,588	54	24	1	3	161.50
Peralta Hospital [1]	Oakland, Calif.	J. L. Lohse	6,295	2,8	85	30	3	3	250
Samuel Merritt Hospital [1]	Oakland, Calif.	P. C. Samson	1,68	.....	13	8	..	2	105
Santa Barbara General Hospital	Santa Barbara, Calif.	L. G. Fiske	219	808	11	11	4	9	115
Children's Hospital [1-3]	Denver	G. B. Packard	4,833	.....	21	18	1	2	...
Colorado State Hospital [1-3]	Pueblo, Colo.		463	2,166	35	15	..	..	275
Children's Memorial Hospital [1-3]	Chicago	W. J. Potts	2,017	2,360	17	13	..	1	75
Henrotin Hospital [1-3]	Chicago	C. B. Puestow	1,454	.....	33	14	1	1	200
St. Francis Hospital [1-3]	Peoria, Ill.	C. D. Branch	2,099	7,199	19	10	1	3	...
Broadlawns, Polk County Hospital	Des Moines, Iowa	D. W. Conchlan	661	1,112	43	17	..	..	...
Norton Memorial Infirmary [1-3]	Louisville, Ky.	G. B. Sanders	1,295	.....	18	10	2	4	200
Lawrence F. Quigley Memorial Hospital [1-3]	Chelsea, Mass.	H. H. Howard	1,503	3,062	23	13	..	4	255
Truesdale Hospital [1-3]	Fall River, Mass.	W. G. Atwood	2,389	2,439	22	12	4	4	75
Salem Hospital [1-3]	Salem, Mass.	W. G. Phippen	1,743	598	59	25	1	1	125
Pondville Hospital	Walpole, Mass.	E. M. Daland	1,580	11,700	124	109	6	4	400
Westfield State Sanatorium [1-3]	Westfield, Mass.	F. S. Hopkins	841	7,549	78	38	3	3	400
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	H. Schwarz	780	7,680	37	31	..	6	100
St. Louis Children's Hospital [1-3]	St. Louis, Mo.						..	..	...
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Welsmann	3,389	17,145	27	21	5	17	170
Orange Memorial Hospital [1-3]	Orange, N. J.	C. W. Scranton	3,0 6	2,739	82	34	1	1	170
John E. Jennings Hospital [1-3]	Brooklyn	J. Gainey	382	8,788	49	18	1	2	150
Children's Hospital [1-3]	Buffalo, N. Y.	L. J. Leahy	989	1,464	21	17	..	2	75
Emergency Hospital	Buffalo, N. Y.	A. J. Mannella	3,777	1,947	80	35	2	8	210
Francis Delafield Hospital [1-3]	New York City	G. Humphreys	700	2,115	181	92	6	13	98
Gouverneur Hospital [1-3]	New York City	F. J. McGowan	960	27,109	58	18	..	..	...
United Hospital [1-3]	Port Chester, N. Y.	J. V. Hibbard	2,275	1,019	82	32	1	3	200
Children's Hospital [1-3]	Akron, Ohio	R. M. Bartlett	1,383	835	18	15	2	8	200
Children's Hospital [1]	Cincinnati	W. A. Altemeier	.....	.....	..	..	..	..	45
Children's Hospital	Columbus, Ohio	R. Zollinger	1,785	1,811	22	20	..	1	150
St. Francis Hospital [1-3]	Columbus, Ohio	R. Zollinger	3,291	.....	102	46	1	4	125
Bradford Hospital [1-3]	Bradford, Pa.	C. H. Smith	557	.....	7	7	2	2	250
Easton Hospital [1-3]	Easton, Pa.	T. C. Zulick, Jr.	3,342	5,829	57	30	..	2	200
Children's Hospital [1-3]	Philadelphia	C. E. Koop	1,503	4,772	26	23	..	4	100
Children's Hospital [1-3]	Pittsburgh	G. V. Foster	1,257	3,247	14	10	1	1	58.32
Gaston Hospital [3]	Dallas, Texas	J. V. Goode	145	.....	..	..	..	3	...
Methodist Hospital [1-3]	Houston, Texas	L. L. D. Tuttle	1,748	234	7	5	2	3	100
M. D. Anderson Hospital for Cancer Research [1-3]	Houston, Texas	R. L. Clark	675	25,636	34	17	..	6	...
Holy Cross Hospital [1-3]	Salt Lake City	P. M. Howard	1,194	.....	8	3	3	5	175
St. Mark's Hospital [1-3]	Salt Lake City	G. L. Wright	3,855	519	36	10	2	2	175
Lewis Gale Hospital	Roanoke, Va.	W. L. Sibley	5,670	14,577	32	4	2	2	200
Children's Orthopedic Hospital [1-3]	Seattle, Wash.	H. E. Coe	1,193	5,075	21	20	..	1	...
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	J. Wilkinson	2,007	1,065	33	7	3	4	150
Milwaukee Children's Hospital [1]	Milwaukee	I. Schulz	832	1,613	24	16	..	1	...

The following services are approved by the Council as offering satisfactory training of one or two years' duration in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the lists of approved services on pp. 361-367 (Surgical Residencies, J. A. M. A., 142:216, April 15, 1950).

Hospitals, 127; Assistant Residencies and Residencies, 294

FEDERAL

UNITED STATES ARMY

Army and Navy General Hospital [1-66]	Hot Springs, Ark.	W. W. Nichol	429	571	11	11	1	1	...
U. S. Army Hospital [66]	Camp Cooke, Calif.		.....	.....	..	..	..	..	...
U. S. Army Hospital [1-66]	Ft. Benning, Ga.	E. W. Hakala							
		F. T. Kolouch	8,497	5,338	17	11	3	3	...
U. S. Army Hospital [1-66]	Camp Atterbury, Ind.	M. H. Judd	5,757	43,076	18	17	..	..	...
U. S. Army Hospital [1-66]	Fort Campbell, Ky.	H. F. Bertram	5,927	37,586	27	19	4	4	...
U. S. Army Hospital [1-66]	Fort Knox, Ky.	L. R. Steel	1,979	10,473	14	10	1	1	...
Murphy Army Hospital [1-66]	Waltham, Mass.	T. T. Beeler	456	1,249	6	6	1	1	...
Percy Jones Army Hospital [1-66]	Battle Creek, Mich.	G. L. Beatty	892	613	1	..	1	1	...
U. S. Army Hospital [66]	Fort Bragg, N. C.	P. V. Kiehl	5,901	5,916	12	11	1	1	...
Valley Forge Army Hospital [1-66]	Phoenixville, Pa.	H. A. Conrad	4,157	14,184	24	24	1	1	...
William Beaumont Army Hospital [66]	El Paso, Texas	W. H. Vanechan	.....	.....	..	..	1	1	...
U. S. Army Hospital [66]	Fort Belvoir, Va.	R. M. Hardaway	9,034	66,003	8	6	2	2	...
Madigan Army Hospital [66]	Tacoma, Wash.	J. E. Graham	925	6,025	5	5	1	1	...

Numerical and other references will be found on pages 373 and 374.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
UNITED STATES AIR FORCE									
U. S. Air Force Hospital [1]	Rantoul, Ill.	O. K. Park	1,477	8,627	5	4	1	1	...
U. S. Air Force Hospital [1]	Scottfield, Ill.	D. R. Sewell	3,366	55,344	10	3	1	1	...
U. S. Air Force Hospital [1]	San Antonio, Texas	D. Goll	2,386	6,788	15	14	2	2	...
U. S. Air Force Hospital	Wichita Falls, Texas	.....	.....	.....	..	..	..	..	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
St. Elizabeths Hospital [1-3]	Washington, D. C.	B. Blades	1,140	6,122	91	65	..	2	...
NONFEDERAL									
Maricopa County General Hospital [1]	Phoenix, Ariz.	T. Bate	964	.....	29	8	..	4	$50
St. Joseph's Hospital [1]	Phoenix, Ariz.	W. Cleveland	1,504	.....	18	12	1	1	225
Tucson Medical Center [1-3]	Tucson, Ariz.	D. Bernstein	1,113	2,337	8	4	4	4	200
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	T. J. Raney	1,200	.....	19	4	2	2	225
General Hospital of Riverside County [1-3]	Arlington, Calif.	S. E. Farley	[illegible]	1,334	20	12	1	1	375
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	J. W. Dorsey	2,[illegible]	493	18	48	4	4	150
Santa Fe Coast Lines Hospital	Los Angeles	L. Chaffin	.....	.....	14	11	2	2	205
Collis P. and Howard Huntington Memorial Hosp. [1-3]	Pasadena, Calif.	W. E. Delphey	3,155	.....	34	18	1	3	240
San Bernardino County Charity Hospital	San Bernardino, Calif.	C. P. Sprague	681	14,656	49	30	8	4	190
Children's Hospital [1]	San Francisco	R. Fleming	584	1,226	8	8	1	1	125
Mary's Help Hospital [1-3]	San Francisco	E. Carlson	1,624	3,179	14	3	1	2	150
St. Luke's Hospital [1-3]	San Francisco	G. D. Dorsat	4,122	4,131	36	14	4	7	200
Santa Clara County Hospital [1]	San Jose, Calif.	J. B. Miller	1,060	4,450	45	26	2	4	260
Community Hospital of San Mateo County [1-3]	San Mateo, Calif.	K. H. Prindle	501	.....	8	7	2	2	400
St. John's Hospital	Santa Monica	J. F. Roberts	1,008	402	11	6	1	1	175
Corwin Hospital [1-3]	Pueblo, Colo.	S. B. Potter	2,395	.....	1	..	1	1	125
McCook Memorial Hospital [1-3]	Hartford, Conn.	C. Kelly	922	4,148	16	9	1	2	250
Lawrence and Memorial Associated Hospitals [1-2]	New London, Conn.	F. B. Hartman	3,708	.....	46	10	2	2	250
Norwalk Hospital	Norwalk, Conn.	E. C. Beck	1,426	186	16	3	2	2	180
St. Mary's Hospital [1-3]	Waterbury, Conn.	C. H. Audet	2,490	1,942	48	16	2	5	150
Sibley Memorial Hospital [1-3]	Washington, D. C.	P. S. Putzki	6,551	.....	49	33	2	4	200
Riverside Hospital [1-3]	Jacksonville, Fla.	E. Jelks	904	5,911	7	4	1	1	150
St. Luke's Hospital [1]	Jacksonville, Fla.	K. A. Morris	1,308	5,938	9	..	3	5	200
St. Francis Hospital [1-3]	Miami Beach, Fla.	G. D. Lilly	1,773	2,652	14	8	2	2	200
Orange Memorial Hospital [1-3]	Orlando, Fla.	J. R. Chappell	1,688	536	42	17	4	9	125
Mound Park Hospital [1-3]	St. Petersburg, Florida	W. Rautenstrauch	717	.....	37	12	..	..	225
Tampa Municipal Hospital [1]	Tampa, Fla.	C. F. Chunn	2,261	3,514	42	16	1	1	125
MacNeal Memorial Hospital [1-3]	Berwyn, Ill.	W. J. Vynalek	1,969	8,748	47	9	3	3	175
Englewood Hospital [1]	Chicago	M. Wasick	2,053	.....	47	12	1	1	200
Hospital of St. Anthony de Padua [1]	Chicago	R. Johnson	2,264	.....	17	4	2	2	250
Illinois Central Hospital [1]	Chicago	C. C. Guy	3,117	15,000	40	25	2	2	...
Norwegian American Hospital [1-3]	Chicago	B. A. Finne	1,995	.....	10	3	2	4	150
Ravenswood Hospital [1-3]	Chicago	P. McGuire	1,806	2,061	32	21	2	3	75
St. Anne's Hospital [1-3]	Chicago	A. Kraft	2,883	558	19	2	2	2	200
Women and Children's Hospital [1-3]	Chicago	E. Gjertsas	4,501	259	9	6	1	1	100
Woodlawn Hospital [1-3]	Chicago	H. P. Jenkins	831	1,619	7	4	1	1	150
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	R. J. Bennett	2,563	.....	91	30	2	2	175
Methodist Hospital [1-3]	Peoria, Ill.	E. L. Thompson							
		L. D. Whittaker	4,439	1,426	78	29	3	3	200
Clinic Hospital [1]	Bluffton, Ind.	H. D. Caylor	.....	.....	..	1	2	2	300
Ball Memorial Hospital [1-3]	Muncie, Ind.	W. C. Moore	4,267	.....	86	28	2	2	150
Mercy Hospital [1-3]	Iowa City	J. W. Dulin	2,152	1,308	45	19	2	2	150
St. Francis Hospital [1-3]	Wichita, Kan.	W. C. Bartlett	2,015	.....	101	44	1	3	...
Good Samaritan Hospital [1-3]	Lexington, Ky.	F. Massie	2,035	.....	37	14	1	1	225
Hotel Dieu, Sisters' Hospital [1]	New Orleans	M. O. Miller	2,479	653	19	7	5	3	200
Central Maine General Hospital [1-3]	Lewiston, Me.	W. V. Cox	2,146	2,487	52	25	1	1	150
Bon Secours Hospital [1]	Baltimore, Md.	G. A. Stewart	1,033	1,174	17	4	1	1	200
Burbank Hospital [1]	Fitchburg, Mass.	F. R. Ross	1,877	1,069	44	16	1	1	250
Lynn Hospital [1-3]	Lynn, Mass.	C. F. Twomey	1,572	13,805	31	12	1	1	...
Quincy City Hospital [1-3]	Quincy, Mass.	J. M. McGowan	1,691	574	50	24	1	2	150
Florence Crittenton Hospital [1]	Detroit	L. R. Leader	2,311	27	16	8	2	3	225
Woman's Hospital [1-3]	Detroit	J. Brown	3,136	74	40	12	1	2	250
Edward W. Sparrow Hospital	Lansing, Mich.	R. W. Wadley	6,803	.....	..	..	1	3	225
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	C. G. Darling	3,223	766	76	24	2	2	...
Asbury Methodist Hospital [1-3]	Minneapolis	R. C. Webb	1,775	.....	14	13	1	1	250
Swedish Hospital [1-3]	Minneapolis	L. Carlson	6,218	.....	65	..	1	1	200
Menorah Hospital Medical Center [1-3]	Kansas City, Mo.	F. H. Halperin	5,044	2,938	23	10	3	6	$134.50
St. Mary's Hospital [1-3]	Kansas City, Mo.	F. L. Feierabend	4,942	.....	51	23	2	2	200
Missouri Methodist Hospital [1]	St. Joseph, Mo.	M. E. Grimes	4,259	.....	99	42	1	1	200
St. Anthony's Hospital [1-3]	St. Louis	J. E. VonKaenel	2,369	2,500	71	16	2	2	150
Hackensack Hospital [1-3]	Hackensack, N. J.	A. I. Mader, Jr.	6,783	5,322	81	39	3	3	100
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	H. A. Kaemann	2,462	862	61	15	2	2	200
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	O. K. Parry	2,595	3,373	89	29	1	1	200
Presbyterian Hospital [1-3]	Newark, N. J.	J. W. Siegel	5,342	2,129	108	31	4	4	125
Mercer Hospital [1-3]	Trenton, N. J.	E. B. Beairsto	1,703	908	62	24	..	2	150
Mary McClellan Hospital [1-3]	Cambridge, N. Y.	M. Vickers	944	5,638	40	5	1	1	200
Jewish Memorial Hospital [1-3]	New York City	B. Sherwin							
		S. T. Friedman	2,831	1,301	54	11	1	1	...
Lebanon Hospital [1-3]	New York City	M. Cohen							
		B. S. Sherwin	1,563	.....	52	20	1	1	100
Mother Cabrini Memorial Hospital	New York City	J. P. Alcleb	1,255	4,593	32	7	1	2	100
New York Infirmary [1-3]	New York City	A. Hubert	482	745	5	4	1	2	100
Sydenham Hospital [1-3]	New York City	S. Standard	1,134	2,040	29	5	2	4	98
James Walker Memorial Hospital [1-3]	Wilmington, N. C.	.....	2,827	.....	38	11	1	1	150
Kate Bitting Reynolds Memorial Hospital [1]	Winston-Salem, N. C.	J. M. Walker, Jr.	1,808	4,294	41	15	2	5	200
Bismarck Hospital	Bismarck, N. D.	R. H. Walschmidt	759	3,500	4	1	2	2	300
St. Luke's Hospital	Fargo, N. D.	V. G. Borland	989	.....	7	1	1	1	200
Deaconess Hospital [1-3]	Cincinnati	R. Good							
		L. Feld	2,928	.....	51	14	2	2	175
Fairview Park Hospital [1-3]	Cleveland	W. E. Smith	1,306	742	20	10	3	3	120
Good Samaritan Hospital [1-3]	Dayton, Ohio	I. Helfert	5,501	221	78	26	1	2	250
St. Elizabeth Hospital [1-3]	Dayton, Ohio	F. H. Miller	7,249	2,165	105	37	1	2	225
Marymount Hospital [1-3]	Garfield Heights, Ohio	C. R. Jablonoski	3,545	.....	22	9	2	2	300
Mercy Hospital [1-3]	Hamilton, Ohio	C. A. Leyrer	2,016	470	56	18	2	2	250
Mansfield General Hospital [1]	Mansfield, Ohio	P. Bein	978	.....	30	4	4	4	200
Wesley Hospital [1]	Oklahoma City	J. H. Robinson	1,559	6,123	15	10	3	3	150
Providence Hospital [1-3]	Portland, Ore.	L. P. Gambee	6,283	.....	62	47	2	2	150
Hazelton State Hospital [1-3]	Hazelton, Pa.	J. P. H. Kettrick	2,454	2,070	73	11	1	4	$7.70

Numerical and other references will be found on pages 373 and 374.

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26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
Doctors Hospital [1-3]	Philadelphia	J. W. Bransfield	955	.....	18	1	1	1	...
St. Joseph's Hospital [1-3]	Philadelphia	J. A. Lehman F. A. Fiske	1,551	3,772	30	7	1	1	300
St. Mary's Hospital	Philadelphia	P. A. McCarthy	3,000	8,679	42	16	1	1	...
Columbia Hospital [1]	Wilkinsburg, Pa.	W. B. Hetsel	2,325	4,335	29	15	1	2	200
Mercy Hospital [1]	Wilkes-Barre, Pa.	S. A. Jonas	1,853	1,218	12	4	1	1	300
Newell Hospital [2]	Chattanooga, Tenn.	E. T. Newell	1,049	21,715	49	14	3	3	400
Brackenridge Hospital [1]	Austin, Texas	R. O. Swearingen	1,768	1,813	35	16	..	1	250
Harris Hospital [1-3]	Fort Worth, Texas	R. G. Lemon	4,278	293	71	28	4	4	125
Southern Pacific Hospital [3]	Houston, Texas	J. R. Gandy	435	6,009	12	4	1	2	200
Thomas D. Dee Memorial Hospital [1-3]	Ogden, Utah	C. M. Swindler	1,490	1,253	27	18	2	2	250
Bishop DeGoesbriand Hospital [1-3]	Burlington, Vt.	A. A. Gladstone	810	388	12	8	1	1	50
Mary Immaculate Hospital [1-3]	Newport News, Va.	A. A. Creecy	732	.....	4	1	1	5	150
Riverside Hospital [1-3]	Newport News, Va.	E. V. Siegel	3,643	.....	28	5	1	2	225
De Paul Hospital [1-3]	Norfolk, Va.	W. B. Hoover	4,874	2,219	101	37	2	4	225
St. Elizabeth's Hospital [1-3]	Richmond, Va.	G. W. Horsley	1,035	5,693	16	9	1	2	100
Doctors Hospital [3]	Seattle, Wash.	D. K. Crystal	4,386	.....	34	23	2	2	125
Providence Hospital [1-3]	Seattle, Wash.	J. DePree	2,238	314	24	16	3	8	200
St. Luke's Hospital [1-3]	Spokane, Wash.	E. Schnug	3,023	.....	74	39	1	1	150
Memorial Hospital [1-3]	Charleston, W. Va.	B. Bradford, Jr.	1,830	1,200	15	7	2	2	240
Mercy Hospital [1-3]	Janesville, Wis.	T. J. Snodgrass	2,261	1,089	9	5	1	1	200
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	S. B. Gundersen	1,501	.....	19	10	1	1	300
Methodist Hospital [1-3]	Madison, Wis.	A. S. Jackson	1,044	.....	2	2	1	1	...
Evangelical Deaconess Hospital [1-3]	Milwaukee	K. Schlaepfer	4,234	.....	29	8	1	1	250
St. Luke's Hospital [1-3]	Milwaukee	J. Adamkiewicz	4,381	.....	32	13	2	2	275

27. THORACIC SURGERY

The following services have been approved by the Council on Medical Education and Hospitals without specifying the number of years for which they are accredited.

Hospitals, 58; Assistant Residencies and Residencies, 141

FEDERAL

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Beginning Stipend (Month)
UNITED STATES ARMY									
Fitzsimons Army Hospital [66]	Denver, Colo.	J. H. Forsee	491	450	11	11	2	4	...
Army Medical Center [1-66-67]	Washington, D. C.	S. W. French	136	62	4	4	..	2	...
UNITED STATES NAVY									
U. S. Naval Hospital [1]	St. Albans, N. Y.	R. N. Grant	151	.....	1	1	..	1	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. A. Weinberg	81	78	14	10	..	2	...
Veterans Admin. Center [1-3]	Los Angeles	F. X. Byron	256	347	30	25	2	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	H. T. Langston	461	362	49	24	4	4	...
Veterans Admin. Hospital [1-3]	Minneapolis	T. J. Kinsella	110	113	13	10	..	..	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	T. Burford	282	.....	32	20	1	2	...
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	R. Friedlander	119	150	12	8	2	3	...
Veterans Admin. Hospital [1-4]	Castle Point, N. Y.	L. H. Vaughan	290	.....	..	..	..	2	...
Veterans Admin. Hospital [1-3]	New York City (Bronx)	F. B. Berry	142	234	7	3	2	3	...
Veterans Admin. Hospital [1-3]	Oteen, N. C.	J. D. Murphy	1,097	240	33	19	..	2	...
Veterans Admin. Hospital [1-4]	Cleveland	H. J. Mendelsohn	149	173	16	8	1	2	...
Veterans Admin. Hospital [1-4]	Memphis, Tenn.	F. A. Hughes	454	.....	30	26	2	3	...
Veterans Admin. Hospital [1]	McKinney, Texas	J. Carswell, Jr.	321	.....	16	13	1	2	...
Veterans Admin. Hospital [1]	Richmond, Va.	F. P. Coleman	230	104	18	13	2	4	...
Veterans Admin. Center [1-5]	Martinsburg, W. Va.	R. K. Hollingsworth	220	98	9	8	1	1	...
NONFEDERAL									
City of Hope [1-3]	Duarte, Calif.	A. Goldman	226	.....	3	..	3	4	300
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	P. Samson	276	631	17	6	1	2	...
Harbor General Hospital [1-3]	Torrance, Calif.	F. X. Byron	156	7,072	25	13	1	2	190
National Jewish Hospital [1-3]	Denver	J. B. Grow	.....	.....	..	..	2	2	200
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	G. E. Lindskog	320	279	21	11	1	2	50
Norwich State Tuberculosis Sanitarium (Uncas on Thames) [1-4]	Norwich, Conn.	W. O. Kelley	433	.....	..	..	1	1	200
University Hospital [3]	Augusta, Ga.	R. Ellison	213	.....	5	2	..	1	160
Children's Memorial Hospital [1-3]	Chicago	W. J. Potts	186	.....	20	19	..	1	75
City of Chicago Municipal Tuberculosis Sanitarium [1-3]	Chicago	M. W. Lees	3,342	895	18	13	..	5	175
University Hospital [1-3]	Baltimore	O. C. Brantigan	.....	.....	..	..	..	2	50
Boston Sanatorium [1-3]	Boston	J. W. Strieder	152	.....	8	4	..	3	230
University Hospital [1-3]	Ann Arbor, Mich.	J. Alexander	717	1,908	45	27	5	11	164.16
Herman Kiefer Hospital [1-3]	Detroit	E. J. O'Brien	1,432	.....	9	4	4	7	450
Ingham Sanatorium [3]	Lansing, Mich.	C. J. Stringer	307	28,820	4	2	1	2	500
Barnes Hospital [1-3]	St. Louis	T. Burford	695	.....	32	18	..	5	50
Bertholdt S. Pollack Hospital for Chest Diseases	Jersey City, N. J.	F. Bortone	1,922	.....	..	..	2	2	...
Kings County Hospital [1-3]	Brooklyn, N. Y.	E. Mannix	135	132	12	7	1	2	150
Edward J. Meyer Memorial Hospital [1]	Buffalo, N. Y.	J. D. Stewart	198	267	29	15	1	2	179
Triboro Hospital [1-3]	Jamaica, N. Y.	L. Miscall	199	4,095	10	4	4	4	150
Bellevue Hospital Center Division I—Columbia University [1-3]	New York City	F. B. Berry	271	12,833	25	9	1	3	98
Metropolitan Hospital [1-3]	New York City	S. A. Thompson	108	.....	7	3	1	2	98
St. Joseph's Hospital for Chest Diseases	New York City	C. Roessel	14	.....	..	..	..	..	...
Seton Hospital [1-3]	New York City	M. Rubin	151	465	..	..	3	3	150
Homer Folks Tuberculosis Hospital [1-3]	Oneonta, N. Y.	A. M. Skinner	150	29	1	1	1	2	400

Numerical and other references will be found on pages 373 and 374.

27. THORACIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Ray Brook State Tuberculosis Hospital [1-9]	Ray Brook, N. Y.	J. Gordon	184	34	..	..	1	1	400
Sea View Hospital [1-3]	Staten Island, N. Y.	L. R. Davidson	252	486	9	4	3	3	150
Duke Hospital [1-3]	Durham, N. C.	W. C. Sealy	442	328	23	10	..	..	25
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	H. H. Bradshaw	199	42	10	9	1	3	41.66
City Hospital [1-3]	Cleveland	S. O. Freedlander	51	627	16	7	..	..	130
Benjamin Franklin Hospital [1-239]	Columbus, Ohio	M. G. Buckles	251	406	5	3	2	2	300
University Hospitals Ohio Tuberculosis Hospital [1-3-244]	Columbus, Ohio	N. C. Andrews	91	.....	1	1	..	2	380
University Hospital [1-3]	Columbus, Ohio	K. P. Klassen	650	572	24	18	..	3	150
University of Oregon Medical School Hospitals and Clinics [1]	Portland, Ore	W. S. Conklin	206	7,112	4	1	1	2	85
Episcopal Hospital [1]	Philadelphia	R. P. Glover	108	.....	11	5	1	2	100
Hahnemann Hospital [1-3-139]	Philadelphia	C. P. Bailey	1,004	219	87	53	3	5	50
Philadelphia General Hospital [1-3]	Philadelphia	E. Mendelssohn	.....	.....	..	..	2	2	112.34
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	P. M. Carr	425	79	16	10	1	2	100
Baylor University Hospital [1-3]	Dallas, Texas	R. Shaw	379	168	23	10	2	2	75
Firland Sanatorium [1-3]	Seattle, Wash.	F. J. Jarvis	269	.....	7	3	1	1	200
Muirdale Sanatorium [1]	Milwaukee	J. D. Steele	262	.....	..	..	..	1	300
Leahi Hospital [1-3]	Honolulu, T. H.	P. W. Gebauer	9.9	341	3	1	1	1	...

28. UROLOGY

The following services have been approved by the Council and the American Board of Urology.

Hospitals, 222; Assistant Residencies and Residencies, 599

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
FEDERAL										
UNITED STATES ARMY										
Letterman Army Hospital [66]	San Francisco	J. W. Schwartz	340	2,211	4	4	..	2	2	...
Fitzsimons Army Hospital [1-66]	Denver, Colo.	J. F. Patton	189	1,299	1	1	..	..	2	...
Army Medical Center [1-66-67]	Washington, D. C.	J. C. Kimbrough	562	5,389	1	1	2	6	3	...
Brooke Army Medical Center [66-289]	San Antonio, Texas	C. C. Dodson	1,225	5,163	7	7	..	..	3	...
Tripler Army Hospital [66]	Honolulu, T. H.	L. K. Mantell	1,149	3,512	1	1	..	..	3	...
UNITED STATES NAVY										
U. S. Naval Hospital [1]	Oakland, Calif.	J. W. Rogers	1,094	1,830	8	6	..	2	3	...
U. S. Naval Hospital	San Diego	J. R. Dillon, Jr.	1,041	5,689	9	7	..	3	3	...
U. S. Naval Hospital [1]	Bethesda, Md.	A. C. Abernethy	749	9,742	2	2	..	3	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	J. F. Richardson	333	654	1	1	..	2	3	...
U. S. Naval Hospital [1]	Philadelphia	J. T. Cangelosi	823	2,737	24	9	..	2	3	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	Stapleton, N. Y.	C. Ferguson	899	5,006	12	10	1	3	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE										
Freedmen's Hospital [1-3]	Washington, D. C.	R. F. Jones	254	1,939	14	8	..	1	3	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	E. Bors	291	2,664	10	8	3	3	3	...
Veterans Admin. Center [1-3]	Los Angeles	W. Goodwin	925	1,335	25	14	2	6	3	...
Veterans Admin. Hospital [1]	San Francisco	F. Hinman H. W. Weyrauch	345	400	8	4	1	3	3	...
Veterans Admin. Hospital [1-218]	Newington, Conn.	G. R. Read	231	400	4	3	1	2	2	...
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. G. Lee	215	568	6	3	1	1	3	...
Veterans Admin. Hospital [1-2-76]	Atlanta, Ga.	G. D. Cowart	478	...	10	7	1	2	3	...
Veterans Admin. Hospital [1]	Hines, Ill.	F. A. Lloyd	1,395	9.2	47	29	4	7	3	...
Veterans Admin. Hospital [1]	Des Moines, Iowa	C. Losh, Jr.	716	310	14	10	1	3	2	...
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	I. S. Brown	71	218	11	4	1	3	3	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	M. I. Schwalbe	289	331	8	5	1	2	2	...
Veterans Admin. Hospital [1-315]	New Orleans, La.	E. Burns	297	6.2	5	3	..	2	3	...
Veterans Admin. Hospital [1-3]	Ft. Howard, Md.	H. J. Meisel	222	92	10	8	..	1	3	...
Veterans Admin. Hospital [1-3-124]	Boston (Jamaica Plain)	S. Vose	544	1,862	17	16	1	2	2	...
Veterans Admin. Hospital [1-3-132]	Boston (West Roxbury), Mass.	H. S. Talbot	...	...	...	...	..	..	3	...
Veterans Admin. Hospital [1-3]	Minneapolis	C. D. Creevy	310	677	14	14	..	3	3	...
Veterans Admin. Hospital [1-3]	Jefferson Bks., Mo.	J. P. Altheide	310	...	18	13	1	3	3	...
Veterans Admin. Hospital [1-3]	Lincoln, Neb.	A. D. Mohler	191	250	3	1	1	2	3	...
Veterans Admin. Hospital [1-3-178]	Brooklyn, N. Y.	F. C. Hamm	602	801	22	13	1	3	3	...
Veterans Admin. Hospital [1-3]	Buffalo, N. Y.	J. D. MacCallum	430	...	16	7	..	2	3	...
Veterans Admin. Hospital [1-3]	New York City	A. L. Dean	1,067	2,607	51	29	2	4	3	...
Veterans Admin. Hospital [1-3]	Cleveland	J. J. Joelson	592	535	30	22	1	3	3	...
Veterans Admin. Hospital [1-3]	Dayton, Ohio	H. I. Berman	459	2,706	20	15	1	3	3	...
Veterans Admin. Hospital [1-3-252]	Portland, Ore.	D. P. Paull	436	...	10	5	..	1	1	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	C. A. Kuehn	360	...	17	15	1	3	3	...
Veterans Admin. Hospital [1]	Columbia, S. C.	B. S. Chappell	668	471	11	5	1	3	3	...
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	S. L. Raines	626	771	..	..	1	3	3	...
Veterans Admin. Hospital [1-3-270-271]	Dallas, Texas	R. C. Smith	242	...	8	7	1	2	3	...
Veterans Admin. Hospital [1-3]	Houston, Texas	J. R. Blundell	377	578	16	12	1	2	3	...
Veterans Admin. Hospital [1]	McKinney, Texas	P. A. Duff	440	2,500	11	8	..	1	3	...
Veterans Admin. Hospital [1-171]	White River Jct., Vt.	W. L. McLaughlin	651	1,186	1	1	1	3	3	...
Veterans Admin. Hospital [1]	Richmond, Va.	R. C. Bunts	1,345	662	14	10	1	4	3	...
Veterans Admin. Hospital [1]	Milwaukee	J. C. Sargent	1,186	1,224	15	9	3	3	3	...
NONFEDERAL										
Carraway Methodist Hospital [1-3]	Birmingham, Ala.	L. Timberlake H. Hudson	421	...	8	6	1	2	3	150
Jefferson-Hillman Hospitals [1-3]	Birmingham, Ala.	B. Barelare	479	4,874	24	..	1	3	3	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	E. B. Pitts	198	2,781	1	..	1	1	3	225
University Hospital [1]	Little Rock, Ark.	J. Headstream	180	2,621	4	2	..	..	3	120

Numerical and other references will be found on pages 373 and 374.

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28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [8]	Total Residencies Offered [8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Los Angeles County Hospital [1]	Los Angeles	J. J. Crane	2,581	15,083	234	58	..	7	3	190
Presbyterian Hospital-Olmsted Memorial [1-3]	Los Angeles	T. O. Powell	885	423	11	6	..	1	2	175
White Memorial Hospital [1-3]	Los Angeles	R. W. Barnes	576	5,416	12	7	1	3	3	146.25
San Diego County General Hospital [1-3]	San Diego	R. B. Mullenix	303	2,472	22	10	1	3	3	150
Franklin Hospital [1-3]	San Francisco	J. Schulte	509	508	11	6	1	2	3	125
Southern Pacific General Hospital [1-3]	San Francisco	T. E. Gibson	529	3,875	5	4	1	3	3	150
Stanford University Hospitals [1-3]	San Francisco	H. M. Weyrauch	550	2,792	1	..	1	3	3	50
University of California Hospital [1-3-36]	San Francisco	F. Hinman								
		D. R. Smith	411	5,030	3	1	..	1	3	87
Santa Clara County Hospital [1]	San Jose, Calif.	E. E. Henderson	232	2,265	6	5	..	1	2	260
Harbor General Hospital [1-3-32]	Torrance, Calif.	E. Belt	428	1,500	34	13	1	3	3	190
University of Colorado Medical Center			..	..	..	..	1	3	..	150
Colorado General Hospital [1-3]	Denver, Colo.	D. R. Higbee	225	2,344	14	10	..	..	3	..
Denver General Hospital [1-3-22]	Denver, Colo.	D. E. Newland	249	915	11	4	..	..	3	..
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	C. L. Deming	720	1,831	16	7	1	2	3	50
Hospital of St. Raphael [3]	New Haven, Conn.	L. Maurer	472	296	4	..	1	1	3	100
Waterbury Hospital [1]	Waterbury, Conn.	H. J. Stettbacher	596	202	12	7	1	2	2	125
Delaware Hospital [1-3]	Wilmington, Del.	B. S. Vallett	470	2,844	15	7	1	3	3	180
Gallinger Municipal Hospital [1-3]	Washington, D. C.	L. Lewis								
		L. Culbertson	410	2,114	25	13	1	3	3	..
Duval Medical Center [1-2]	Jacksonville, Fla.	R. B. Melver	334	2,145	27	18	..	1	2	175
St. Vincent's Hospital [1-3]	Jacksonville, Fla.	R. Melver	532	..	8	5	1	2	2	135
Jackson Memorial Hospital [1]	Miami, Fla.	W. L. Fitzgerald	959	3,569	27	15	1	3	3	75
Orange Memorial Hospital [1-3]	Orlando, Fla.	L. M. Orr	1,007	344	22	16	1	3	3	125
Grady Memorial Hospital [1-3]	Atlanta, Ga.	M. K. Bailey	650	6,964	25	5	2	6	3	20
University Hospital	Augusta, Ga.	J. R. Rinker	556	..	18	6	1	3	2	160
Alexian Brothers Hospital [3]	Chicago	E. E. Hess	443	..	2	1	1	1	1	125
Cook County Hospital [1-3]	Chicago	W. J. Baker	1,101	2,973	102	12	4	4	3	50
Mercy Hospital [1-3]	Chicago	H. E. Landes	548	1,988	11	5	1	2	3	100
Michael Reese Hospital [1-3]	Chicago	I. Shapiro	878	1,789	16	9	1	3	3	50
Mount Sinai Hospital [1-3]	Chicago	J. M. Glasser	384	1,046	20	9	1	1	2	100
Presbyterian Hospital [1-3]	Chicago	N. J. Heckel	641	3,651	8	6	1	2	3	125
Provident Hospital [1-3]	Chicago	W. S. Grant	173	1,762	8	1	1	2	2	200
St. Luke's Hospital [1-3]	Chicago	T. P. Grauer	699	1,448	19	11	1	3	3	50
University of Chicago Clinics [1-3]	Chicago	C. B. Huggins	390	4,070	31	16	1	3	3	175
Wesley Memorial Hospital [1-3]	Chicago	Y. J. O'Connor	867	3,295	8	4	1	1	3	50
Decatur and Macon County Hospital [1]	Decatur, Ill.	A. C. Simon	506	..	4	..	2	2	..	150
Evanston Hospital [1-3]	Evanston, Ill.	J. Farrell	228	287	6	..	1	1	1	50
St. Francis Hospital [1-3]	Evanston, Ill.	B. E. Fillis	535	201	10	4	1	1	1	150
St. Francis Hospital [1-3]	Peoria, Ill.	H. J. Ireland	1,122	433	17	3	..	2	3	..
Indianapolis General Hospital [1]	Indianapolis	W. N. Wishard	331	2,421	27	10	1	2	3	150
Indiana University Medical Center [1-103]	Indianapolis	R. A. Garrett	709	2,316	22	16	1	3	3	150
Methodist Hospital [1-3]	Indianapolis	J. M. Young	1,739	..	27	9	1	2	2	..
University Hospitals [1-3]	Iowa City, Iowa	R. H. Flocks	1,680	1,839	64	40	3	7	3	75
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Valk	771	3,838	31	19	..	6	3	125
St. Joseph Hospital [1-3]	Lexington, Ky.	E. H. Ray	675	230	14	4	1	1	1	140
Louisville General Hospital [1-3]	Louisville, Ky.	R. Lich, Jr.	232	4,863	11	2	..	3	3	100
Charity Hospital of Louisiana										
Independent Unit [1-3]	New Orleans	M. Wolfe	737	5,437	13	5	1	3	3	40
Louisiana State University Unit [1-3]	New Orleans	P. O. Kahle	924	8,395	29	10	2	6	3	40
Tulane University Unit [1-3]	New Orleans	E. Burns	863	7,479	34	21	2	6	3	40
Ochsner Foundation Hospital [1-3]	New Orleans	E. Burns	341	10,848	5	4	2	4	3	150
Confederate Memorial Medical Center [1]	Shreveport, La.	R. K. Womack	590	3,139	14	8	1	3	3	60
Johns Hopkins Hospital [1-3-104]	Baltimore	W. W. Scott	1,601	4,618	27	21	..	4	3	..
Sinai Hospital [1-3]	Baltimore	B. S. Abeshouse	556	288	32	11	1	3	3	85
University Hospital [1-3]	Baltimore	W. H. Toulson	392	2,058	21	8	..	..	3	..
Beth Israel Hospital [1-3]	Boston	G. Prateer	400	1,895	7	3	..	1	2	100
Boston City Hospital [1-3]	Boston	F. G. Sheddan, Jr.	425	7,151	18	5	..	4	3	162
Lahey Clinic [1-3]	Boston	E. E. Ewert	1,027	8,491	8	5	3	6	3	150
Massachusetts General Hospital [1-3]	Boston	F. H. Colby	1,103	4,062	22	13	..	1	3	100
Massachusetts Memorial Hospitals [1-3-115]	Boston	S. N. Vose	428	1,246	6	2	2	3	3	50
New England Center Hospital [1-3]	Boston	W. F. Leadbetter	350	..	12	9	..	3	3	75
Peter Bent Brigham Hospital [1-3]	Boston	J. H. Harrison	..	..	..	..	..	..	1	42
Mount Auburn Hospital [1-3]	Cambridge, Mass.		243	120	8	4	..	1	1	115
Salem Hospital [1-3]	Salem, Mass.	E. L. Peirson	514	249	8	2	1	1	1	125
University Hospital [1-3]	Ann Arbor, Mich.	R. M. Nesbit	1,216	4,332	28	19	2	6	3	164.16
City of Detroit Receiving Hospital [1-3]	Detroit	D. Jaffar	..	3,333	..	..	2	3	3	200
Grace Hospital [1-3]	Detroit	L. W. Hull	1,213	..	15	8	1	2	3	225
Harper Hospital [1-3]	Detroit	G. Sewell	1,529	989	27	15	1	3	3	225
Henry Ford Hospital [1-3]	Detroit	A. W. Bohne	863	12,656	10	4	2	6	3	225
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	W. L. Sherman	461	781	69	27	1	3	3	278.33
Blodgett Memorial Hospital [1-3-110]	Grand Rapids, Mich.	J. A. Ryan	450	..	6	5	1	2	2	200
Minneapolis General Hospital [1-3]	Minneapolis	F. H. Sweetser	301	1,972	13	11	..	1	3	160
St. Mary's Hospital [1-3]	Minneapolis		736	312	12	8	1	1	3	200
University of Minnesota Hospitals [1-3]	Minneapolis	C. D. Creevy	868	2,357	18	15	1	3	3	150
Mayo Foundation [1-3]	Rochester, Minn.	G. Thompson	2,902	13,142	26	18	5	15	3	150
Ancker Hospital [1-3]	St. Paul, Minn.	F. E. B. Foley	364	1,773	23	11	1	3	3	..
Charles T. Miller Hospital [3-137]	St. Paul, Minn.	F. E. B. Foley	493	468	5	2	1	1	3	150
Kansas City General Hospital No. 1	Kansas City, Mo.	A. L. Stockwell	430	2,516	18	14	1	3	3	75
Research Hospital [1-3]	Kansas City, Mo.	R. L. Hoffman	455	..	6	5	1	1	3	150
Barnes Hospital [1-3]	St. Louis	J. Cordonnier	921	5,187	16	9	1	3	3	50
Homer G. Phillips Hospital [1-3]	St. Louis	M. Abrams	455	1,721	74	5	2	4	3	215
Missouri Baptist Hospital [1-3]	St. Louis	C. E. Burford	894	..	20	2	1	1	1	..
Missouri Pacific Hospital [3]	St. Louis	A. E. Vitt	817	1,533	..	..	1	2	2	200
St. Louis City Hospital [1-3]	St. Louis	C. Wattenberg	369	2,969	55	21	1	3	3	137.75
St. Mary's Group of Hospitals [1-3-103]	St. Louis	C. E. Burford	726	2,313	13	6	1	3	3	65
Atlantic City Hospital [1]	Atlantic City, N. J.	C. H. deT. Shivers	362	3,215	..	..	..	1	2	150
Bayonne Hospital & Dispensary [3]	Bayonne, N. J.	A. J. Balsamo	646	602	10	4	..	2	3	..
Cooper Hospital [1-3]	Camden, N. J.	R. R. Betancourt	630	1,895	23	6	1	2	2	200
Medical Center Jersey City Hospital [1-3]	Jersey City, N. J.	E. J. Daly	632	3,435	29	5	1	3	3	100
Newark City Hospital [1-3]	Newark, N. J.	E. Seidman	411	...	58	8	2	4	3	115
Orange Memorial Hospital [1-3]	Orange, N. J.	W. P. Burpeau								
		J. K. deVries	585	720	20	10	1	1	2	120
Albany Hospital [1-3]	Albany, N. Y.	J. E. Heslin	891	941	22	11	1	2	3	135

Numerical and other references will be found on pages 373 and 374.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered [5]	Total Residencies Offered [5]	Length of Approved Program (Years)	Beginning Stipend (Month)
Jewish Hospital [1-5]	Brooklyn	L. Baretz	695	1,680	16	8	1	2	2	75
Kings County Hospital [1-5]	Brooklyn	G. Horton	1,070	2,569	100	18	2	5	3	98
Long Island College Hospital [1-5]	Brooklyn	F. L. Senger	713	1,799	27	3	1	3	3	75
Maimonides Hospital [1-5]	Brooklyn	F. Senger	834	1,112	15	3	..	2	3	75
Methodist Hospital [1-5]	Brooklyn	O. P. Schoenemann	641	799	8	4	..	1	3	75
Buffalo General Hospital [1-5]	Buffalo	O. J. Oberkircher	762	986	16	7	..	2	3	125
Edward J. Meyer Memorial Hospital [1]	Buffalo	G. E. Slotkin	417	1,401	21	7	1	3	3	179
Millard Fillmore Hospital [1-5]	Buffalo	G. E. Slotkin	758	31	25	7	1	3	3	255
Queens General Hospital [1-5]	Jamaica, N. Y.	E. Rubin	388	2,684	40	18	1	3	3	98.33
Bellevue Hospital Center										
Division II—Cornell University [1-5]	New York City	J. W. Draper	676	4,368	27	2	1	4	3	98.60
Division IV—New York University Post-Graduate Medical School [1-5]	New York City	R. S. Hotchkiss	452	7,558	42	8	2	5	3	98
Beth Israel Hospital [1-5]	New York City	S. F. Wilhelm	839	1,329	12	4	1	3	3	75
Francis Delafield Hospital [1-5]	New York City	G. F. Cahill	365	616	31	20	1	7	3	98
French Hospital [1-5-118]	New York City	J. D. Cooney	443	1,670	10	5	1	3	3	50
Lincoln Hospital [1-5]	New York City	F. P. Twinem	..	1,854	..	..	1	3	3	65
Metropolitan Hospital [1-5]	New York City	T. J. Kirwin	551	2,422	28	4	1	2	2	98
Morrisania City Hospital [1-5]	New York City	J. Duff	745	3,036	22	9	1	4	3	98
Mount Sinai Hospital [1-5]	New York City	G. Openheimer	1,006	3,368	20	12	1	3	3	...
New York City Hospital [1-5]	New York City	G. A. Fiedler	422	1,564	21	4	2	3	2	150
New York Hospital [1-5]	New York City	V. Marshall	1,379	11,940	..	5	7	3	3	25
New York Polyclinic Medical School and Hospital [1-5]	New York City	J. S. Ritter	662	2,995	14	4	1	3	3	...
New York University-Bellevue Medical Center		(See Bellevue Hospital Center, Div. IV)								
University Hospital [1-5]	New York City	R. S. Hotchkiss	452	7,558	42	8	2	5	..	98
Presbyterian Hospital [1-5]	New York City	G. F. Cahill	1,556	9,219	29	7	2	6	3	208.33
Roosevelt Hospital [1-5-209]	New York City	S. A. Beisler	603	3,997	10	3	1	3	3	116
St. Clare's Hospital [1]	New York City	G. A. Fiedler	542	526	15	2	1	3	3	50
St. Luke's Hospital [1-5]	New York City	J. A. Taylor	545	3,653	24	8	1	3	3	60
Strong Memorial-Rochester Municipal Hospitals [1-5]	Rochester, N. Y.	H. W. Scott	806	2,508	..	..	1	3	3	41.66
Sea View Hospital [1-5]	Staten Island, N. Y.	A. J. Greenberger	769	..	1	1	1	1	1	150
Charlotte Memorial Hospital	Charlotte, N. C.	H. W. McKay	1,307	279	19	13	1	3	3	150
Duke Hospital [1-5]	Durham, N. C.	E. P. Alyea	619	6,402	9	3	..	6	3	25
Watts Hospital [1]	Durham, N. C.	W. M. Coppridge	619	111	7	3	1	3	2	150
North Carolina Baptist Hospital [1-5]	Winston-Salem, N. C.	F. K. Garvey	596	1,735	7	1	1	3	3	41.66
City Hospital [1-5]	Akron, Ohio	W. Keitzer	882	447	27	11	1	3	3	250
Cincinnati General Hospital [1-5]	Cincinnati	T. B. Wayman	724	3,792	42	22	1	1	2	...
City Hospital [1-5]	Cleveland	H. Trattner	296	3,052	22	11	..	..	3	100
Cleveland Clinic Hospital [1-5]	Cleveland	C. C. Higgins	1,134	17,492	23	13	3	9	3	175
University Hospitals [1-5]	Cleveland	J. J. Joelson	855	2,672	10	6	1	2	2	62.50
University Hospitals										
University Hospital [1-5-235-241]	Columbus, Ohio	W. N. Taylor	712	2,099	25	14	1	5	3	150
Huron Road Hospital [1-5]	East Cleveland, Ohio	V. C. Laughlin	533	231	16	5	1	2	3	210
St. Vincent's Hospital [1-5]	Toledo, Ohio	E. A. Ockuly	1,041	....	21	12	1	3	3	225
University Hospitals [1-5]	Oklahoma City	B. A. Hayes	286	3,850	16	4	1	2	3	50
Hillcrest Medical Center [1]	Tulsa, Okla.	....	....	..	..	1	1	3	150
St. John's Hospital [1]	Tulsa, Okla.	B. H. Blocksom	909	....	17	7	1	3	3	150
St. Vincent's Hospital [1]	Portland, Ore.	T. R. Montgomery	954	196	15	9	1	1	2	165
University of Oregon Medical School Hospitals and Clinics [1-253]	Portland, Ore.	C. Hodges	421	3,547	17	12	1	4	3	85
Allentown Hospital [1-5]	Allentown, Pa.	W. C. Masonheimer	808	264	20	7	..	1	2	225
George F. Geisinger Memorial Hospital [1-5]	Danville, Pa.	W. I. Buchert	1,079	8,732	20	8	..	3	3	100
St. Vincent's Hospital [1-5]	Erie, Pa.	E. Hess	848	5,369	19	10	1	4	3	100
Harrisburg Hospital [1-5]	Harrisburg, Pa.	R. E. Allyn	590	1,633	22	3	1	1	2	200
Albert Einstein Medical Center Southern Division [1-5]	Philadelphia	M. Muschat								
		I. J. Carp	483	447	6	3	1	1	2	75
Episcopal Hospital [1]	Philadelphia	G. D. Shoup	361	843	12	6	1	2	2	100
Germantown Dispensary and Hospital [1-5]	Philadelphia	F. P. Messaniso	394	517	7	3	1	3	1	150
Graduate Hospital of the University of Pennsylvania [1-5]	Philadelphia	C. A. W. Uhle	289	3,011	7	2	1	1	2	...
Hahnemann Medical College and Hospital [1-5]	Philadelphia	E. W. Campbell	986	2,602	16	9	1	3	3	50
Hospital of the University of Pennsylvania [1-5]	Philadelphia	P. B. Hughes	652	2,936	7	2	1	4	3	125
Jefferson Medical College Hospital [1-5]	Philadelphia	P. R. Cattel	1,051	4,646	32	14	..	..	3	25
Lankenau Hospital [1-5]	Philadelphia	C. A. W. Uhle	350	1,107	7	5	..	1	2	100
Pennsylvania Hospital [1-5]	Philadelphia	T. R. Fetter	545	1,867	8	3	..	2	3	20
Philadelphia General Hospital [1-5]	Philadelphia	S. Keesal	409	3,469	35	13	2	6	3	112.84
Presbyterian Hospital [1-5-23]	Philadelphia	F. G. Harrison	372	2,692	14	6	..	..	3	100
Temple University Hospital [1-5]	Philadelphia	K. B. Conger	669	1,844	19	10	1	2	3	50
Allegheny General Hospital [1-5]	Pittsburgh	J. L. Hamilton	522	1,383	13	3	..	2	3	150
Mercy Hospital [1-5]	Pittsburgh	E. J. McCague	511	682	10	3	1	3	3	150
Pittsburgh Medical Center [1-261]	Pittsburgh	J. J. Lee	486	....	9	3	1	3	3	50
Robert Packer Hospital [1-5]	Sayre, Pa.	A. B. King	429	970	25	17	1	1	3	100
Mercy Hospital [1]	Wilkes-Barre, Pa.	P. P. Muyock	302	1,338	6	3	1	1	1	300
Wilkes-Barre General Hospital [1]	Wilkes-Barre, Pa.	W. J. Daw	704	270	20	7	1	2	2	225
Rhode Island Hospital [1-5]	Providence, R. I.	H. K. Turner	837	1,748	36	15	1	2	2	60
Roper Hospital [1-5]	Charleston, S. C.	J. J. Ravenel	778	3,359	15	6	1	3	3	83
Orangeburg Regional Hospital [1]	Orangeburg, S. C.	L. P. Thackston	2,047	10,999	13	11	1	3	3	150
Baptist Memorial Hospital [1-5]	Memphis	H. G. Bryan	1,252	472	23	3	..	1	1	100
City of Memphis Hospitals [1-5]	Memphis	T. D. Moore	693	....	36	14	3	6	3	85
St. Joseph Hospital [1-5]	Memphis	C. D. Allen	611	267	23	6	1	3	3	...
Nashville General Hospital [1-5]	Nashville, Tenn.	C. E. Haines, Jr.	388	1,819	11	6	..	1	2	50
Parkland Hospital [1-5]	Dallas, Texas	H. Spence	356	281	18	6	1	2	3	50
University of Texas Medical Branch Hospitals [1-5]	Galveston, Texas	R. E. Cone	390	5,243	7	5	1	2	3	...
Hermann Hospital [1-5]	Houston, Texas	C. M. Crigler	1,581	1,252	28	13	2	4	3	100
Jefferson Davis Hospital [1]	Houston, Texas	R. Blundell	479	6,720	19	2	..	2	3	50
St. Joseph's Infirmary [1]	Houston, Texas	M. K. O'Heeron	762	....	15	5	1	1	1	100
Wichita Falls Clinic Hospital	Wichita Falls, Texas	J. R. Reagan	474	10,332	7	1	1	1	3	....
Mary Fletcher Hospital [1-5-285]	Burlington, Vt.	W. M. Flagg	366	622	8	7	1	4	3	100
University of Virginia Hospital [1-5]	Charlottesville, Va.	S. A. Vest	748	2,950	23	9	1	4	3	50
Medical College of Virginia—Hospital Division [1-5-291]	Richmond, Va.	A. I. Dodson	896	2,694	28	3	1	3	3	50
St. Mary's Hospital [1-5]	Huntington, W. Va.	I. R. Harwood	780	....	22	6	1	1	2	115
La Crosse Lutheran Hospital [1-5]	La Crosse, Wis.	A. H. Gundersen	462	600	25	13	..	..	1	....
Madison General Hospital [1-5]	Madison, Wis.	I. R. Sisk	705	....	12	3	..	1	3	150
University Hospitals [1-5]	Madison, Wis.	J. R. Wear	490	....	12	8	1	3	3	50
Milwaukee County Hospital [1-5]	Milwaukee	R. S. Irwin	715	2,252	49	19	1	3	2	208.92

Numerical and other references will be found on pages 373 and 374.

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Numerical and Other References

1. Appointments available to women applicants.
2. Approved for training in syphilology only.
3. Appointments available to graduates of foreign medical schools. Details regarding requirements for appointment can be secured from the hospitals concerned.
4. Approved as offering acceptable affiliated training (maximum three months) in concurrence with the American Board of Pediatrics.
5. Maximum of six months' training in contagious diseases accepted by the American Board of Pediatrics.
6. May include training in allergy.
7. May include fellowship training in cardiology.
8. Includes fellowships.
9. May include one year of fellowship in Division of Endocrinology.
10. Includes one year fellowship in Immuno-Hematology.
11. May include training "Home Care" Service.
12. May include one year in the Medical Research Institute (and Post-graduate School).
13. Includes one year fellowships available in psychosomatic medicine.
14. May include one year fellowship in the Department of Oncology.
15. Additional year of training including pathology, University of Chicago Clinics, available.
16. May include six months' assignment to Department of Rehabilitation and Physical Medicine approved program.
17. May include on year of training in the Department of Surgical Pathology.
18. May include one year of training in Chronic Diseases at Jewish Hospital, Roxbury, or Holy Ghost Hospital, Cambridge, Mass.
19. Includes six months' assignment, Ohio State University Medical School, Columbus, Ohio.
20. May include assignment to the Institute for Cancer Research and Lankenau Hospital Research Institute, Philadelphia.
21. Includes assignment at Urologic Clinic, Philadelphia.
22. Apply: Office of Graduate Medical Education; University of Colorado Medical Center.
23. Apply: Director, Graduate Division, Northwestern University Medical School, 303 East Chicago Avenue, Chicago 11.
24. Apply: Medical College, State of South Carolina.

The following hospitals offer acceptable training which is integrated with or contributing to the fully approved program in the listing of which the footnote reference appears.

25. Maricopa County Hospital, Phoenix, Ariz.
26. Pima County General Hospital, Tucson, Ariz.
27. University Hospital, Little Rock, Ark.
28. California Hospital, Los Angeles.
29. Children's Hospital, Los Angeles.
31. Los Angeles County Hospital, Los Angeles.
32. Veterans Administration Hospital, Los Angeles.
33. White Memorial Hospital, Los Angeles.
34. Samuel Merritt Hospital, Oakland, Calif.
35. Orange County Hospital, Orange, Calif.
36. Franklin Hospital, San Francisco.
37. Franklin Hospital, Shriners Hospital for Crippled Children, Langley Porter Clinic Hospital, San Francisco.
38. House of the Good Shephard, San Francisco.
39. St. Luke's Hospital, San Francisco; Herrick Memorial Hospital, Berkeley, Calif.; Highland Hospital, Oakland, Calif.
40. San Francisco Hospital, San Francisco.
41. Southern Pacific General Hospital, San Francisco.
42. University of California Hospital, San Francisco.
43. Mills Memorial Hospital, San Mateo, Calif.; Ernest V. Covell Memorial Hospital, Berkeley, Calif.; Franklin Hospital, San Francisco; St. Luke's Hospital, San Francisco; Langley Porter Clinic Hospital, San Francisco.
44. Fairmont Hospital of Alameda County, San Leandro, Calif.
45. Santa Barbara General Hospital, Santa Barbara, Calif.
46. Santa Monica Hospital, Santa Monica, Calif.
47. Santa Monica Hospital, Santa Monica, Calif.; Orange County Hospital, Orange, Calif.; Collis P. and Howard Huntington Memorial Hospital, Pasadena, Calif.
48. Colorado General Hospital, Denver.
49. Denver General Hospital, Denver.
50. Fitzsimons Army Hospital, Denver.
51. Jewish Hospital, Denver.
52. St. Joseph's Hospital, Denver.
53. Hartford Hospital, Hartford, Conn.
54. Hartford Hospital, Hartford, Conn.; Newington Home and Hospital for Crippled Children, Newington, Conn.; New York University-Bellevue Medical Center, New York City.
55. McCook Memorial Hospital, Hartford, Conn.
56. Newington Home and Hospital for Crippled Children, Newington, Conn.
57. Veterans Administration Hospital, Newington, Conn.
58. Norwich State Tuberculosis Sanitorium, Norwich, Conn.
59. Uncas-on-Thames State T.B. Sanatorium, Norwich, Conn.
60. Laurel Heights Sanatorium, Shelton, Conn.
61. Governor Bacon Health Center, Delaware City, Del.
62. Children's Hospital, Washington, D. C.
63. Eastern Dispensary and Casualty Hospital, Washington, D. C.
64. Gallinger Municipal Hospital, Washington, D. C.
65. Garfield Memorial Hospital, Washington, D. C.
66. Available only to U. S. Army, Regular Army Medical Corps Officers and eligible applicants for the U. S. Regular Army Medical Corps. Apply: Office of the Surgeon General, Department of the Army, Washington 25, D. C., Attention: Personnel Division.
67. Walter Reed Army Hospital and Army Medical Department Research and Graduate School, Washington, D. C.
68. Mercy Hospital, Miami, Fla.
69. National Children's Cardiac Home, Miami, Fla.
70. Variety Children's Hospital, Miami, Fla.
71. St. Francis Hospital, Miami Beach, Fla.
72. Grady Memorial Hospital, Atlanta, Ga.
73. Veterans Administration Hospital, Atlanta, Ga.
74. University Hospital, Augusta, Ga.
75. Columbus City Hospital, Columbus, Ga.
76. Emory University Hospital, Emory University, Ga.
77. Macon Hospital, Macon, Ga.
78. Battey State Hospital, Rome, Ga.
79. Chicago Lying-In Hospital, Chicago.
80. Chicago Maternity Center, Chicago.
81. May include six months' training at Children's Memorial Hospital, Chicago.
82. Cook County Hospital, Chicago.
83. May include one year training in hematology.
84. Third year, by special arrangement, at Cook County Hospital, Chicago, or Veterans Administration Hospital, Hines, Ill.
85. Will include third year of training at Cook County Hospital or Veterans Administration Hospital, Chicago.
86. Illinois Eye and Ear Infirmary, Chicago.
87. La Rabida Jackson Park Sanitarium, Chicago.
88. Lewis Memorial Maternity Hospital, Chicago.
89. Municipal Contagious Disease Hospital, Chicago.
90. Passavant Hospital, Chicago.
91. Presbyterian Hospital, Chicago.
92. Roseland Community Hospital, Chicago.
93. St. Anne's Hospital, Chicago.
94. St. George Hospital, Chicago.
95. St. Luke's Hospital, Chicago.
96. St. Vincent's Infant and Maternity Hospital, Chicago; St. Anne's Hospital, Chicago; Mercy Hospital, Chicago.
97. University of Chicago Maternity Center, Chicago.
98. Wesley Memorial Hospital, Chicago.
99. Women's and Children's Hospital, Chicago.
100. Veterans Administration Hospital, Fort Wayne, Ind.
101. Indianapolis General Hospital, Indianapolis.
102. Indiana University Medical Center, Indianapolis.
103. Veterans Administration Hospital, Indianapolis.
104. Inlow Clinic, Shelbyville, Ind.
105. Healthwin Hospital, South Bend, Ind.
106. Northern Indiana Children's Hospital, South Bend, Ind.
107. Broadlawns Polk County Hospital, Des Moines, Iowa.
108. University of Iowa Hospitals, Iowa City, Iowa.
109. Veterans Administration Hospital, Kansas City, Mo.
110. Children's Hospital, Louisville, Ky.
111. Louisville General Hospital, Louisville, Ky.
112. Louisville General Hospital, Louisville Children's Hospital, Louisville, Ky.
113. Norton Infirmary, Veterans Administration, Louisville General Hospital, Louisville, Ky.
114. Veterans Administration Hospital, Louisville, Ky.
115. Oneida Maternity Hospital, Oneida, Ky.
116. Charity Hospital, New Orleans.
117. Charity Hospital, Louisiana State University Unit, New Orleans.
118. May include training in gerontology.
119. Baltimore City Hospitals, Baltimore.
120. Hospital for the Women of Maryland, Baltimore.
121. James Lawrence Kernan Hospital, Baltimore.
122. Johns Hopkins Hospital, Baltimore.
123. Mercy Hospital, Baltimore.
124. University Hospital, Baltimore.
125. U. S. Public Health Service Hospital, Baltimore.
126. Prince George's General Hospital, Cheverly, Md.
127. Sacred Heart Hospital, Cumberland, Md.
128. Hartford Memorial Hospital, Havre de Grace, Md.
129. La Plata Hospital, La Plata, Md.
130. Peninsula General Hospital, Salisbury, Md.
131. Boston Children's Hospital, Boston.
132. Integrated with program at Peter Bent Brigham Hospital, Boston, to which application for appointment should be made.
133. Boston Lying-In Hospital, Boston.
134. Veterans Administration Hospital, Framingham, Mass.
135. Children's Hospital, Boston.
136. Children's Medical Center, Boston.
137. Lahey Clinic, Boston.
138. Massachusetts General Hospital, Boston.
139. Overholt Clinic, Boston.
140. Peter Bent Brigham Hospital, Boston.
141. Free Hospital for Women, Brookline, Mass.
142. Cambridge Tuberculosis Sanatorium, Cambridge, Mass.

Numerical and Other References—Continued

143. St. Margaret's Hospital, Dorchester, Mass.
144. Lakeville State Sanitarium, Middleboro, Mass.
145. Salem Hospital, Salem, Mass.
146. Veterans Administration Hospital, Dearborn, Mich.
147. City of Detroit Receiving Hospital, Detroit.
148. Harper Hospital, Detroit.
149. Herman Kiefer Hospital, Detroit.
150. Woman's Hospital, Detroit; Herman Kiefer Hospital, Detroit; Detroit Memorial Hospital, Detroit; Children's Hospital, Detroit.
151. Cardiac Clinic, Grand Rapids, Mich.
152. Evangeline Home and Hospital, Grand Rapids, Mich.
153. Oakland County Contagious Hospital, Pontiac, Mich.
154. Oakland County T.B. Sanatorium, Pontiac, Mich.
155. Pontiac State Hospital, Pontiac, Mich.
156. University of Minnesota Hospitals, Minneapolis.
157. Ancker Hospital, St. Paul.
158. Veterans Administration Hospital, Jefferson Barracks, Mo.
159. Robert Koch Hospital, Koch, Mo.
160. St. Anthony's Hospital, St. Louis
161. St. John's Hospital, St. Louis.
162. St. Louis City Hospital, St. Louis.
163. St. Louis County Hospital, St. Louis.
164. St. Louis County Hospital, St. Louis; Burge Hospital, Springfield, Mo.; St. Louis Maternity Hospital, St. Louis.
165. St. Louis Maternity Hospital, St. Louis.
166. St. Louis State Hospital, St. Louis.
167. St. Mary's Infirmary, St. Louis.
168. Bryan Memorial Hospital, Lincoln, Neb.
169. Children's Memorial Hospital, Omaha.
170. Nebraska Methodist Hospital, Omaha.
171. Mary Hitchcock Memorial Hospital, Hanover, N. H.
172. Essex County Isolation Hospital, Belleville, N. J.
173. Medical Center-Jersey City Hospital, Jersey City, N. J.
174. Margaret Hague Maternity Hospital, Jersey City, N. J.
175. Presbyterian Hospital, Newark, N. J.
176. Albany Hospital, Albany, N. Y.
177. Brooklyn Eye and Ear Hospital, Brooklyn.
178. Brooklyn Hospital, Brooklyn.
179. Jewish Hospital, Brooklyn.
180. Jewish Hospital, Cumberland Hospital, Maimonides Hospital, Brooklyn.
181. Jewish Sanitarium and Hospital for Chronic Diseases, Brooklyn.
182. John E. Jennings Hospital, Brooklyn.
183. Kings County Hospital, Brooklyn.
184. Kingston Avenue Hospital, Brooklyn.
185. Veterans Administration Hospital, Brooklyn.
186. Allied Sisters of Charity Hospital, Buffalo.
187. Buffalo Eye and Ear Hospital, Buffalo.
188. Children's Hospital, Buffalo.
189. Children's Hospital, Buffalo; Roswell Park Memorial Institute, Buffalo; Peter Bent Brigham Hospital, Boston.
190. Edward J. Meyer Memorial Hospital, Children's Hospital, Veterans Administration Hospital, Buffalo.
191. Edward J. Meyer Memorial Hospital, Buffalo; Hospital for Special Surgery, New York City; Willard Parker Hospital, New York City.
192. Edward J. Meyer Memorial Hospital, Buffalo.
193. Emergency Hospital, Buffalo.
194. Roswell Park Memorial Hospital, Buffalo.
195. Triboro Hospital, Jamaica, N. Y.
196. Beekman-Downtown Hospital, New York City.
197. Bellevue Hospital Center, New York City.
198. Bellevue Hospital Center, Division IV, New York University Post-Graduate Medical School, New York City.
199. Beth Israel Hospital, New York City.
200. Flower and Fifth Avenue Hospitals, New York City.
201. Goldwater Memorial Hospital, New York City.
202. Gouverneur Hospital, New York City.
203. Memorial Hospital, New York City.
204. Memorial Hospital, New York City; Kingston Avenue Hospital, Brooklyn; New York Foundling Hospital, New York City.
205. Mount Sinai Hospital, New York City.
206. New York Hospital, New York City.
207. Roosevelt Hospital, New York City.
208. University Hospital, New York City.
209. Willard Parker Hospital, New York City.
210. Woman's Hospital, New York City.
211. Summit Park T.B. Sanatorium, Pomona, N. Y.
212. Genesee Hospital, Rochester, N. Y.
213. Highland Hospital, Rochester, N. Y.
214. Rochester General Hospital, Rochester, N. Y.
215. Strong Memorial Hospital, Rochester, N. Y.
216. Sun Mount Hospital, Sun Mount, N. Y.
217. University, Syracuse Memorial, Crouse-Irving and City Hospitals; Syracuse Dispensary.
218. Syracuse Memorial, Syracuse General, Crouse-Irving, and St. Joseph's Hospitals; Syracuse Dispensary.
219. Syracuse Memorial and University Hospitals; Syracuse Dispensary.
220. Syracuse Memorial, University, and Crouse-Irving Hospitals.
221. Syracuse Memorial and University Hospitals; Syracuse Dispensary.
222. Grasslands Hospital, Valhalla, N. Y.
223. St. Agnes Hospital, White Plains, N. Y.
224. St. Joseph's Hospital, Yonkers, N. Y.
225. Western North Carolina Sanatorium, Black Mountain, N. C.
226. North Carolina Memorial Hospital, Chapel Hill, N. C.; Watts Hospital, Durham, N. C.; Duke Hospital, Durham, N. C.
227. Duke Hospital, Durham, N. C.
228. Durham County T.B. Sanatorium, Durham, N. C.
229. Eastern Medical Center, Durham, N. C.
230. McPherson Hospital, Durham, N. C.
231. Watts Hospital, Durham, N. C.
232. U. S. Army Hospital, Fort Bragg, N. C.
233. City Memorial Hospital, Winston-Salem, N. C.
234. City Hospital, Akron, Ohio.
235. Peoples Hospital, Akron, Ohio.
236. Longview State Hospital, Cincinnati, Ohio.
237. St. Mary's Hospital, Cincinnati.
238. Children's Hospital, Columbus, Ohio.
239. Mount Carmel Hospital, Columbus, Ohio.
240. Ohio T.B. Hospital, Columbus, Ohio.
241. St. Francis Hospital, Columbus, Ohio.
242. St. Francis Hospital, Ohio T.B. Hospital, Children's Hospital, Columbus, Ohio.
243. St. Francis Hospital, Ohio T.B. Hospital, Columbus Receiving Hospital, Columbus, Ohio.
244. University Hospitals, Columbus, Ohio.
245. St. Anthony Hospital, Oklahoma City.
246. University of Oklahoma Hospitals, Oklahoma City.
247. Veterans Administration Hospital, Oklahoma City.
248. Program transferred to Veteran Administration Hospital, West Haven, Conn., on or about Sept. 15, 1953.
249. Good Samaritan and St. Vincent's Hospitals, Portland, Ore.
250. Emanuel Hospital, Portland, Ore.
251. Providence Hospital, Portland, Ore.
252. University of Oregon Medical School Hospitals and Clinics, Portland, Ore.
253. Veterans Administration Hospital, Portland, Ore.
254. Children's Hospital, Philadelphia.
255. Hospital of the University of Pennsylvania, Philadelphia.
256. Philadelphia Hospital for Contagious Diseases, Philadelphia.
257. Presbyterian Hospital, Philadelphia.
258. St. Vincent's Hospital for Women and Children, Philadelphia.
259. Service in Laryngeal Surgery and Bronchoesophagology also available.
260. Western Pennsylvania Hospital, Pittsburgh.
261. Presbyterian Hospital, Philadelphia; Woman's Hospital, Philadelphia; Pittsburgh Eye and Ear Hospital, Pittsburgh; Elizabeth Steele Magee Hospital, Pittsburgh; Children's Hospital, Philadelphia; Western Psychiatric Institute and Clinic, Pittsburgh.
262. Providence Lying-In Hospital, Providence, R. I.
263. Providence Lying-In Hospital, Providence, R. I.; Charles V. Chapin Hospital, Providence, R. I.; Emma Pendleton Bradley Home, Riverside, R. I.; Children's Hospital, Boston.
264. City of Memphis Hospitals, Memphis.
265. LeBonheur Children's Hospital, Memphis.
266. West Tennessee T.B. Hospital, Memphis.
267. Nashville General Hospital, Nashville, Tenn.
268. St. Thomas Hospital, Nashville, Tenn.
269. Third year of training available at Vanderbilt University Hospital, Nashville, Tenn.
270. Children's Hospital, Dallas, Texas.
271. Parkland Hospital, Dallas, Texas.
272. St. Mary's Infirmary, Galveston, Texas.
273. Hermann Hospital, Houston Negro Hospital, Houston, Texas.
274. Houston T.B. Hospital, Houston, Texas.
275. Jefferson Davis Hospital, Houston, Texas.
276. M. D. Anderson Hospital for Cancer Research, Houston, Texas.
277. St. Joseph's Hospital, Houston, Texas.
278. Veterans Administration Hospital, Houston, Texas.
279. Veterans Administration Hospital, McKinney, Texas.
280. Brooke Army Hospital, 4th Army Medical Laboratory, and Medical Field Service School, San Antonio, Texas.
281. Gen. W. H. Groves Latter-Day Saints Hospital, Holy Cross Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Veterans Administration Hospital, Salt Lake City.
282. Third year of training available at Salt Lake County General Hospital, Salt Lake City.
283. Salt Lake County General Hospital, Salt Lake City.
284. Shriners Hospital for Crippled Children, Salt Lake City.
285. Bishop DeGoesbriand Hospital, Burlington, Vt.
286. Bishop DeGoesbriand Hospital, Burlington, Vt.; Trudeau Sanatorium, Trudeau, N. Y.; Children's Hospital, Boston.
287. Mary Fletcher Hospital, Burlington, Vt.
288. Kerbs Memorial Hospital, St. Albans, Vt.; Porter Hospital, Middlebury, Vt.
289. Vermont State Hospital, Waterbury, Vt.
290. Arlington Hospital, Arlington, Va.
291. McGuire Hospital, Richmond, Va.
292. Richmond Eye, Ear, Nose, and Throat Hospital, Richmond, Va.
293. Children's Orthopedic Hospital, Seattle.
294. Firland Sanatorium, Seattle.
295. Booth Memorial Hospital, Spokane, Wash.
296. Columbia Hospital, Milwaukee.
297. A third year of training in Radiology is provided through affiliation with Milwaukee Hospital and Milwaukee Children's Hospital and the University of Chicago Clinics.
298. Milwaukee Hospital, Milwaukee.
299. Misericordia Hospital, Milwaukee.
300. Muirdale T.B. Sanatorium and Contagious Hospital, Milwaukee.
301. Kapiolani Maternity Hospital, Honolulu, T. H.
302. St. Francis Hospital, Honolulu; Leahi Hospital, Honolulu; Kaneohe Territorial Hospital, Kaneohe; Salvation Army Women's Home, Honolulu, T. H.
303. Syracuse Memorial, St. Joseph's, Crouse-Irving, and Weiting-Johnson Hospitals; Syracuse Dispensary.
304. Syracuse Memorial, University, St. Joseph's, and Crouse-Irving Hospitals; Syracuse Dispensary.

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HOSPITALS APPROVED FOR RESIDENCY TRAINING

Number of Hospitals, 1,159; Number of Programs, 4,707

Name of Hospital	Location	Approved Residencies
Birmingham Baptist Hospital *	Birmingham, Ala.	Path.
Carraway Methodist Hospital *	Birmingham, Ala.	Int. Med., Obst., Surg., Urol.
Children's Hospital	Birmingham, Ala.	Ped.
Jefferson-Hillman Hospital *	Birmingham, Ala.	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Lloyd Noland Hospital *	Fairfield, Ala.	Anes., Derm. Syph., Int. Med., Obst., Ortho. Surg., Path., Ped., Surg. Urol.
City Hospital *	Mobile, Ala.	Int. Med., Ortho. Surg., Path., Ped., Surg.
Veterans Admin. Hospital	Tuskegee, Ala.	Int. Med., Ophth., Psych., Rad., Surg.
Good Samaritan Hospital	Phoenix, Ariz.	Ob.-Gyn.
Maricopa County General Hospital *	Phoenix, Ariz.	Gen'l Pract., Ob.-Gyn., Surg.
Memorial Hospital *	Phoenix, Ariz.	Rad.
St. Joseph's Hospital *	Phoenix, Ariz.	Surg.
St. Mary's Hospital and Sanatorium *	Tucson, Ariz.	Gen'l Pract., Int. Med.
Tucson Medical Center *	Tucson, Ariz.	Int. Med., Surg.
Army Navy General Hospital *	Hot Springs, Ark.	Surg.
Arkansas Baptist Hospital *	Little Rock, Ark.	Int. Med., Ophth., Surg.
Arkansas Children's Home and Hospital	Little Rock, Ark.	Ortho. Surg.
Arkansas State Hospital	Little Rock, Ark.	Psych.
St. Vincent Infirmary *	Little Rock, Ark.	Anes.
University Hospital *	Little Rock, Ark.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital *	Little Rock, Ark.	Int. Med., Surg.
Veterans Admin. Hospital	North Little Rock, Ark.	Psych.
Agnews State Hospital	Agnew, Calif.	Psych.
General Hospital of Riverside County *	Arlington, Calif.	Gen'l Pract., Int. Med., Surg.
Kern General Hospital	Bakersfield, Calif.	Gen'l Pract., Int. Med., Path., Ped., Rad.
Herrick Memorial Hospital *	Berkeley, Calif.	Int. Med., Ob.-Gyn., Path., Psych., Rad.
U. S. Army Hospital	Camp Cooke, Calif.	Surg.
Compton Sanitarium	Compton, Calif.	Psych.
City of Hope	Duarte, Calif.	Mal. Dis., Pul. Dis., Thor. Surg.
San Joaquin General Hospital *	French Camp, Calif.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
General Hospital of Fresno County *	Fresno, Calif.	Int. Med., Ophth., Ped., Rad., Surg.
Glendale Sanitarium and Hospital *	Glendale, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
Napa State Hospital	Imola, Calif.	Psych.
Arroyo-Del Valle Sanitarium	Livermore, Calif.	Pul. Dis.
Loma Linda Sanitarium and Hospital *	Loma Linda, Calif.	Path.
Seaside Memorial Hospital *	Long Beach, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Veterans Admin. Hospital *	Long Beach, Calif.	Allergy, Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Barlow Sanatorium	Los Angeles, Calif.	Pul. Dis.
California Babies' and Children's Hospital	Los Angeles, Calif.	Ped.
California Hospital *	Los Angeles, Calif.	Int. Med., Obst., Path., Surg.
Cedars of Lebanon Hospital *	Los Angeles, Calif.	Int. Med., Neuro. Surg., Path., Rad., Surg.
Children's Hospital *	Los Angeles, Calif.	Ortho. Surg., Path., Ped.
Eye and Ear Hospital	Los Angeles, Calif.	Ophth., Otol.
Hospital of the Good Samaritan *	Los Angeles, Calif.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Los Angeles County Hospital *	Los Angeles, Calif.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped. Phys. Med., Psych., Rad., Surg., Urol.
Methodist Hospital of Southern California *	Los Angeles, Calif.	Gen'l Pract.
Orthopedic Hospital	Los Angeles, Calif.	Otho. Surg.
Presbyterian Hospital-Olmsted Memorial *	Los Angeles, Calif.	Int. Med., Mal. Dis., Ob.-Gyn., Rad., Surg., Urol.
Queen of Angels Hospital *	Los Angeles, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Vincent's Hospital *	Los Angeles, Calif.	Int. Med., Path., Surg.
Santa Fe Coast Lines Hospital *	Los Angeles, Calif.	Surg.
Veterans Admin. Hospital *	Los Angeles, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Plas. Surg., Proct., Psych., Rad., Surg., Thor. Surg., Urol.
White Memorial Hospital *	Los Angeles, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Contra Costa County Hospital	Martinez, Calif.	Gen'l Pract.
Bret Harte Sanatorium	Murphys, Calif.	Pul. Dis.
Norwalk State Hospital	Norwalk, Calif.	Psych.
Children's Hospital of the East Bay	Oakland, Calif.	Ped.
Highland-Alameda County Hospital *	Oakland, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
Peralta Hospital	Oakland, Calif.	Surg.
Kaiser Foundation Hospital *	Oakland, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Samuel Merritt Hospital	Oakland, Calif.	Anes., Int. Med., Ortho. Surg., Surg.
U. S. Naval Hospital *	Oakland, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Palo Alto, Calif.	Psych.
Collis P. and Howard Huntington Memorial Hosp. *	Pasadena, Calif.	Int. Med., Mal. Dis., Ob.-Gyn., Path., Rad., Surg.
Patton State Hospital	Patton, Calif.	Psych.
Sequoia Hospital	Redwood City, Calif.	Gen'l Pract.
Sacramento County Hospital *	Sacramento, Calif.	Gen'l Pract., Path.
Sutter General Hospital	Sacramento, Calif.	Rad.
Monterey County Hospital	Salinas, Calif.	Gen'l Pract.
San Bernardino County Charity Hospital *	San Bernardino, Calif.	Path., Surg.
Mercy Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
San Diego County General Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
U. S. Naval Hospital *	San Diego, Calif.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Children's Hospital *	San Francisco, Calif.	Con. Dis., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Ped., Rad., Surg.
Franklin Hospital *	San Francisco, Calif.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Urol.
French Hospital *	San Francisco, Calif.	Anes., Int. Med., Path., Surg.
Green's Eye Hospital	San Francisco, Calif.	Ophth.
Langley Porter Clinic-Hospital	San Francisco, Calif.	Psych.
Letterman Army Hospital *	San Francisco, Calif.	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mary's Help Hospital *	San Francisco, Calif.	Int. Med., Ob.-Gyn., Surg.
Mount Zion Hospital *	San Francisco, Calif.	Int. Med., Path., Ped., Psych., Surg.
St. Francis Memorial Hospital	San Francisco, Calif.	Gen'l Pract., Ob.-Gyn., Path., Plas. Surg., Rad.
St. Joseph's Hospital *	San Francisco, Calif.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Luke's Hospital *	San Francisco, Calif.	Int. Med., Path., Surg.
St. Mary's Hospital *	San Francisco, Calif.	Int. Med., Obst., Ortho. Surg., Ped., Rad., Surg.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
San Francisco Hospital ★		
Stanford University Service	San Francisco, Calif.	Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Pul. Dis., Rad., Surg.
University of California Service	San Francisco, Calif.	Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Pul. Dis., Rad., Surg.
Shriners Hospital for Crippled Children	San Francisco, Calif.	Ortho. Surg.
Southern Pacific Hospital ★	San Francisco, Calif.	Int. Med., Surg., Urol.
Stanford University Hospital ★	San Francisco, Calif.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
U. S. Public Health Service Hospital ★	San Francisco, Calif.	Int. Med., Surg.
University of California Hospital ★	San Francisco, Calif.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	San Francisco, Calif.	Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Santa Clara County Hospital ★	San Jose, Calif.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Pul. Dis., Surg., Urol.
Fairmont Hospital of Alameda County	San Leandro, Calif.	Pul. Dis.
Community Hospital of San Mateo County	San Mateo, Calif.	Gen'l Pract., Int. Med., Surg.
Santa Barbara Cottage Hospital ★	Santa Barbara, Calif.	Int. Med., Path., Rad., Surg.
Santa Barbara General Hospital	Santa Barbara, Calif.	Surg.
St. John's Hospital ★	Santa Monica, Calif.	Ob.-Gyn., Surg.
Santa Monica Hospital ★	Santa Monica, Calif.	Rad.
Sonoma County Hospital	Santa Rosa, Calif.	Gen'l Pract., Ortho. Surg.
Pacific Colony (State Hospital)	Spadra, Calif.	Psych.
Tulare-Kings Counties Joint Tuberculosis Hospital	Springville, Calif.	Pul. Dis.
Harbor General Hospital ★	Torrance, Calif.	Int. Med., Ob.-Gyn., Ped., Surg., Thor. Surg., Urol.
Glockner-Penrose Hospital ★	Colorado Springs, Colo.	Gen'l Pract., Int. Med., Path., Rad.
St. Francis Hospital	Colorado Springs, Colo.	Gen'l Pract., Path., Rad.
Fitzsimons Army Hospital ★	Denver, Colo.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
General Rose Memorial Hospital ★	Denver, Colo.	Path., Rad.
National Jewish Hospital	Denver, Colo.	Pul. Dis., Thor. Surg.
Presbyterian Hospital ★	Denver, Colo.	Path., Rad., Surg.
St. Anthony Hospital ★	Denver, Colo.	Int. Med., Surg.
St. Joseph's Hospital ★	Denver, Colo.	Int. Med., Ob.-Gyn., Path., Surg.
St. Luke's Hospital ★	Denver, Colo.	Int. Med., Path., Rad., Surg.
Childrens Hospital	Denver, Colo.	Ortho. Surg., Path., Ped., Surg.
University of Colorado Medical Center		
Colorado General Hospital ★	Denver, Colo.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Colorado Psychopathic Hospital	Denver, Colo.	Psych.
Denver General Hospital ★	Denver, Colo.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Denver, Colo.	Int. Med., Ortho. Surg., Path., Phys. Med., Rad., Surg.
Colorado State Hospital	Pueblo, Colo.	Int. Med., Path., Psych., Surg.
Corwin Hospital ★	Pueblo, Colo.	Int. Med., Surg.
Bridgeport Hospital ★	Bridgeport, Conn.	Anes., Int. Med., Obst., Path., Rad., Surg.
St. Vincent's Hospital ★	Bridgeport, Conn.	Int. Med., Obst., Surg.
Hartford Hospital ★	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Institute of Living	Hartford, Conn.	Psych.
McCook Memorial Hospital ★	Hartford, Conn.	Int. Med., Surg.
St. Francis Hospital ★	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Surg.
Connecticut State Hospital	Middletown, Conn.	Psych.
Middlesex Hospital ★	Middletown, Conn.	Path.
New Britain Hospital ★	New Britain, Conn.	Int. Med., Ob.-Gyn., Path., Surg.
Silver Hill Foundation	New Canaan, Conn.	Psych.
Grace-New Haven Community Hospital		
General Service ★	New Haven, Conn.	Int. Med., Ob.-Gyn., Rad., Surg.
University Service ★	New Haven, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of St. Raphael ★	New Haven, Conn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Newington Home and Hospital for Crippled Children	Newington, Conn.	Ortho. Surg.
Veterans Admin. Hospital	Newington, Conn.	Int. Med., Path., Psych., Rad., Surg., Urol.
Lawrence and Memorial Associated Hospitals ★	New London, Conn.	Int. Med., Ob.-Gyn., Surg.
Fairfield State Hospital	Newtown, Conn.	Psych.
Norwalk Hospital ★	Norwalk, Conn.	Int. Med., Obst., Path., Surg.
Norwich State Hospital	Norwich, Conn.	Psych.
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	Pul. Dis., Thor. Surg.
State of Connecticut Veterans' Home and Hospital	Rocky Hill, Conn.	Phys. Med.
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	Pul. Dis.
Stamford Hospital ★	Stamford, Conn.	Path.
Charlotte Hungerford Hospital	Torrington, Conn.	Gen'l Pract.
St. Mary's Hospital ★	Waterbury, Conn.	Int. Med., Path., Rad., Surg.
Waterbury Hospital ★	Waterbury, Conn.	Int. Med., Path., Ped., Rad., Surg., Urol.
Delaware State Hospital	Farnhurst, Del.	Psych.
Alfred I. duPont Institute of Nemours Foundation	Wilmington, Del.	Ortho. Surg.
Delaware Hospital ★	Wilmington, Del.	Int. Med., Path., Ped., Rad., Surg., Urol.
Memorial Hospital ★	Wilmington, Del.	Int. Med., Path., Surg.
Wilmington General Hospital ★	Wilmington, Del.	Gen'l Pract., Int. Med., Path.
Armed Forces Institute of Pathology	Washington, D. C.	Path.
Army Medical Center ★	Washington, D. C.	Allergy, Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Central Dispensary and Emergency Hospital ★	Washington, D. C.	Int. Med., Rad., Surg.
Children's Hospital	Washington, D. C.	Path., Ped.
Columbia Hospital for Women and Lying-In Asylum	Washington, D. C.	Ob.-Gyn.
Doctors Hospital ★	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital	Washington, D. C.	Gen'l Pract.
Episcopal Eye, Ear, and Throat Hospital	Washington, D. C.	Ophth., Otol.
Freedmen's Hospital ★	Washington, D. C.	Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Ped., Pul. Dis., Rad., Surg., Urol.
Gallinger Municipal Hospital ★	Washington, D. C.	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Garfield Memorial Hospital ★	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Georgetown University Hospital ★	Washington, D. C.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
George Washington University Hospital ★	Washington, D. C.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Phys. Med., Psych., Rad., Surg.
Providence Hospital ★	Washington, D. C.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Elizabeth's Hospital ★	Washington, D. C.	Neur., Psych., Surg.
Sibley Memorial Hospital ★	Washington, D. C.	Ob.-Gyn., Path., Surg.
Tuberculosis Sanatorium (Glendale, Md.)	Washington, D. C.	Pul. Dis.
Veterans Admin. Hospital	Washington, D. C.	Int. Med., Neur., Otol., Path., Rad., Surg., Urol.
Veterans Admin. Hospital	Coral Gables, Fla.	Int. Med., Path., Surg.
Halifax District Hospital	Daytona Beach, Fla.	Gen'l Pract.
Duval Medical Center ★	Jacksonville, Fla.	Int. Med., Ob.-Gyn., Ped., Rad., Surg., Urol.

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Name of Hospital	Location	Approved Residencies
Hope Haven Hospital	Jacksonville, Fla.	Ortho. Surg.
Riverside Hospital	Jacksonville, Fla.	Anes., Int. Med., Surg.
St. Luke's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Obst., Surg.
St. Vincent's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Surg., Urol.
Jackson Memorial Hospital *	Miami, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Mount Sinai Hospital *	Miami Beach, Fla.	Anes., Int. Med., Path., Rad., Surg.
St. Francis Hospital *	Miami Beach, Fla.	Int. Med., Path., Surg.
Orange Memorial Hospital *	Orlando, Fla.	Int. Med., Obst., Surg., Urol.
American Legion Hospital for Crippled Children	St. Petersburg, Fla.	Ortho. Surg.
Mound Park Hospital *	St. Petersburg, Fla.	Int. Med., Ob.-Gyn., Surg.
Tampa Municipal Hospital	Tampa, Fla.	Int. Med., Ob.-Gyn., Otol., Psych., Surg.
Crawford W. Long Memorial Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Georgia Baptist Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Surg.
Grady Memorial Hospital *	Atlanta, Ga.	Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Henrietta Egleston Hospital for Children	Atlanta, Ga.	Ped.
Piedmont Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Joseph's Infirmary *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital *	Atlanta, Ga.	Anes., Int. Med., Ophth., Otol., Path., Rad., Surg., Urol.
University Hospital *	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Augusta, Ga.	Int. Med., Psych., Rad., Surg.
Columbus City Hospital *	Columbus, Ga.	Gen'l Pract.
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	Ortho. Surg.
Emory University Hospital *	Emory University, Ga.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Rad., Surg.
U. S. Army Hospital	Fort Benning, Ga.	Surg.
Macon Hospital *	Macon, Ga.	Gen'l Pract.
Georgia Warm Springs Foundation	Warm Springs, Ga.	Phys. Med.
St. Joseph's Hospital	Alton, Ill.	Gen'l Pract.
U. S. Air Force Hospital	Belleville (Scott Air Force Base), Ill.	Int. Med., Surg.
MacNeal Memorial Hospital *	Berwyn, Ill.	Gen'l Pract., Surg.
Alexian Brothers Hospital *	Chicago, Ill.	Int. Med., Ortho. Surg., Path., Urol.
American Hospital *	Chicago, Ill.	Anes., Int. Med., Surg.
Augustana Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Obst., Path., Rad., Surg.
Chicago Eye, Ear, Nose and Throat Hospital	Chicago, Ill.	Ophth.
Chicago Maternity Center	Chicago, Ill.	Obst.
Chicago Memorial Hospital *	Chicago, Ill.	Neuro. Surg., Surg.
Chicago State Hospital	Chicago, Ill.	Psych.
Children's Memorial Hospital	Chicago, Ill.	Ortho. Surg., Path., Ped., Surg., Thor. Surg.
City of Chicago Municipal Tuberculosis Sanatorium	Chicago, Ill.	Pul. Dis., Thor. Surg.
Columbus Hospital *	Chicago, Ill.	Int. Med.
Cook County Hospital *	Chicago, Ill.	Anes., Con. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Englewood Hospital *	Chicago, Ill.	Int. Med., Obst., Path., Rad., Surg.
Frank Cuneo Memorial Hospital	Chicago, Ill.	Ob.-Gyn.
Grant Hospital *	Chicago, Ill.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Henrotin Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
Hospital of St. Anthony de Padua *	Chicago, Ill.	Int. Med., Obst., Surg.
Illinois Central Hospital *	Chicago, Ill.	Int. Med., Surg.
Illinois Eye and Ear Infirmary	Chicago, Ill.	Ophth., Otol.
Illinois Masonic Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Lewis Memorial Maternity Hospital	Chicago, Ill.	Ob.-Gyn.
Loretto Hospital *	Chicago, Ill.	Int. Med., Obst., Psych.
Lutheran Deaconess Home and Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
Mercy Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital *	Chicago, Ill.	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Mal. Dis., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mount Sinai Hospital *	Chicago, Ill.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Municipal Contagious Disease Hospital	Chicago, Ill.	Con. Dis.
Neuropsychiatric Institute of the University of Illinois	Chicago, Ill.	Neur., Neuro. Surg., Psych.
Northwestern University Medical Center	Chicago, Ill.	Allergy, Derm. Syph., Int. Med., Phys. Med.
Norwegian-American Hospital *	Chicago, Ill.	Int. Med., Path., Surg.
Passavant Memorial Hospital *	Chicago, Ill.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Rad., Surg.
Presbyterian Hospital *	Chicago, Ill.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Provident Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Ravenswood Hospital *	Chicago, Ill.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Anne's Hospital *	Chicago, Ill.	Int. Med., Obst., Surg.
St. Bernard's Hospital *	Chicago, Ill.	Rad.
St. Elizabeth's Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Joseph Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Surg.
St. Luke's Hospital *	Chicago, Ill.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Mary of Nazareth Hospital *	Chicago, Ill.	Gen'l Pract., Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Chicago, Ill.	Ortho. Surg.
South Shore Hospital *	Chicago, Ill.	Gen'l Pract.
Swedish Covenant Hospital *	Chicago, Ill.	Obst.
University of Chicago Clinics *	Chicago, Ill.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
University of Illinois Research and Educational Hospitals *	Chicago, Ill.	Allergy, Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg.
		Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Wesley Memorial Hospital *	Chicago, Ill.	Int. Med., Ob.-Gyn., Surg.
Women and Children's Hospital *	Chicago, Ill.	Int. Med., Ophth., Surg.
Woodlawn Hospital *	Chicago, Ill.	Gen'l Pract., Urol.
Decatur & Macon County Hospital *	Decatur, Ill.	Psych.
Dixon State Hospital	Dixon, Ill.	Psych.
Veterans Admin. Hospital	Downey, Ill.	Psych.
Elgin State Hospital	Elgin, Ill.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Evanston Hospital *	Evanston, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
St. Francis Hospital *	Evanston, Ill.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Little Company of Mary Hospital *	Evergreen Park, Ill.	Int. Med., Ob.-Gyn., Psych., Rad., Surg.
U. S. Naval Hospital *	Great Lakes, Ill.	Anes., Card. Dis., Derm. Syph., Int. Med., Mal. Dis., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Hines, Ill.	
Jacksonville State Hospital	Jacksonville, Ill.	Psych.
St. Joseph's Hospital *	Joliet, Ill.	Anes.
Kankakee State Hospital	Kankakee, Ill.	Psych.
Manteno State Hospital	Manteno, Ill.	Psych.

* Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
West Suburban Hospital*	Oak Park, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Methodist Hospital of Central Illinois*	Peoria, Ill.	Gen'l Pract., Obst., Path., Surg.
Peoria Municipal Tuberculosis Sanitarium	Peoria, Ill.	Pul. Dis.
St. Francis Hospital*	Peoria, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Air Force Hospital	Rantoul, Ill.	Surg.
Rockford Municipal Tuberculosis Sanatarium	Rockford, Ill.	Pul. Dis.
St. Anthony's Hospital*	Rockford, Ill.	Path.
Swedish-American Hospital*	Rockford, Ill.	Gen'l Pract.
Lake County Tuberculosis Sanatorium	Waukegan, Ill.	Pul. Dis.
North Shore Health Resort	Winnetka, Ill.	Psych.
St. Francis Hospital*	Beech Grove, Ind.	Gen'l Pract.
Clinic Hospital	Bluffton, Ind.	Int. Med., Rad., Surg.
U. S. Army Hospital	Camp Atterbury, Ind.	Surg.
Protestant Deaconess Hospital*	Evansville, Ind.	Rad.
St. Joseph's Hospital*	Fort Wayne, Ind.	Path., Rad.
Methodist Hospital*	Gary, Ind.	Gen'l Pract.
St. Margaret's Hospital*	Hammond, Ind.	Gen'l Pract., Rad.
Central State Hospital	Indianapolis, Ind.	Psych.
Indianapolis General Hospital*	Indianapolis, Ind.	Card. Dis., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Indiana University Medical Center*	Indianapolis, Ind.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Indianapolis, Ind.	Int. Med., Ortho. Surg., Path., Psych., Rad., Surg.
Methodist Hospital*	Indianapolis, Ind.	Gen'l Pract., Int. Med., Neur., Obst., Ortho. Surg., Path., Rad., Urol.
Norways Foundation Hospital	Indianapolis, Ind.	Psych.
St. Vincent's Hospital*	Indianapolis, Ind.	Int. Med., Ob.-Gyn., Ortho., Path., Ped.
Sunnyside Sanatorium	Indianapolis, Ind.	Pul. Dis.
St. Elizabeth Hospital*	Lafayette, Ind.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Logansport State Hospital	Logansport, Ind.	Psych.
Ball Memorial Hospital*	Muncie, Ind.	Int. Med., Path., Rad., Surg.
Healthwin Hospital	South Bend, Ind.	Pul. Dis.
Memorial Hospital*	South Bend, Ind.	Anes., Gen'l Prac., Path.
St. Luke's Methodist Hospital*	Cedar Rapids, Iowa	Gen'l Pract.
Mental Health Institute	Cherokee, Iowa	Psych.
Broadlawns, Polk County Hospital*	Des Moines, Iowa	Gen'l Pract., Surg.
Iowa Methodist Hospital*	Des Moines, Iowa	Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.
Mercy Hospital*	Des Moines, Iowa	Path.
Veterans Admin. Hospital	Des Moines, Iowa	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Mental Health Institute	Independence, Iowa	Psych.
Iowa State Psychopathic Hospital	Iowa City, Iowa	Psych.
Mercy Hospital*	Iowa City, Iowa	Ortho. Surg., Surg.
University Hospitals*	Iowa City, Iowa	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Iowa City, Iowa	Anes., Int. Med., Path., Rad., Surg.
Halstead Hospital	Halstead, Kan.	Int. Med., Psych.
St. Margaret Hospital*	Kansas City, Kan.	Surg.
University of Kansas Medical Center*	Kansas City, Kan.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Menninger Sanitarium	Topeka, Kan.	Psych.
Topeka State Hospital	Topeka, Kan.	Psych.
Veterans Admin. Hospital	Topeka, Kan.	Int. Med., Neur., Path. Psych.
Veterans Admin. Hospital	Wadsworth, Kan.	Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
St. Francis Hospital*	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Veterans Admin. Hospital	Wichita, Kan.	Int. Med., Surg.
Wesley Hospital*	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Rad., Surg.
U. S. Army Hospital	Fort Campbell, Ky.	Surg.
U. S. Army Hospital	Fort Knox, Ky.	Surg.
Central State Hospital	Lakeland, Ky.	Psych.
Good Samaritan Hospital*	Lexington, Ky.	Int. Med., Ortho. Surg., Surg.
St. Joseph Hospital*	Lexington, Ky.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg., Urol.
U. S. Public Health Service Hospital	Lexington, Ky.	Psych.
Veterans Admin. Hospital	Lexington, Ky.	Psych.
Children's Hospital	Louisville, Ky.	Ped.
Kentucky Baptist Hospital	Louisville, Ky.	Int. Med.
Kosair Crippled Children's Hospital	Louisville, Ky.	Ortho. Surg.
Louisville General Hospital*	Louisville, Ky.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary*	Louisville, Ky.	Psych., Rad., Surg.
St. Joseph Infirmary*	Louisville, Ky.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Louisville, Ky.	Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Baptist Hospital*	Alexandria, La.	Rad.
Baton Rouge General Hospital*	Baton Rouge, La.	Gen'l Pract., Path.
St. Patrick's Hospital	Lake Charles, La.	Gen'l Pract.
Charity Hospital of Louisiana*	New Orleans, La.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
DePaul Hospital	New Orleans, La.	Psych.
Eye, Ear, Nose and Throat Hospital	New Orleans, La.	Ophth., Otol.
Hotel Dieu, Sisters Hospital*	New Orleans, La.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Ochsner Foundation Hospital	New Orleans, La.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Rad., Surg., Urol.
Southern Baptist Hospital*	New Orleans, La.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Touro Infirmary*	New Orleans, La.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.
U. S. Public Health Service Hospital*	New Orleans, La.	Int. Med., Ophth., Path., Rad., Surg.
Veterans Admin. Hospital	New Orleans, La.	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Confederate Memorial Hospital*	Shreveport, La.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Shreveport, La.	Ortho. Surg.
Eastern Maine General Hospital*	Bangor, Me.	Anes., Path., Rad.
Central Maine Sanatorium	Fairfield, Me.	Pul. Dis.
Central Maine General Hospital*	Lewiston, Me.	Anes., Int. Med., Path., Ped., Rad., Surg.
Maine General Hospital*	Portland, Me.	Anes., Int. Med., Neuro. Surg., Path., Rad., Surg.
Baltimore City Hospitals*	Baltimore, Md.	Int. Med., Neur., Obst., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg
Baltimore Eye, Ear and Throat Charity Hospital	Baltimore, Md.	Ophth., Otol.
Bon Secours Hospital*	Baltimore, Md.	Ob.-Gyn., Surg.
Children's Hospital School	Baltimore, Md.	Ortho. Surg.
Church Home and Hospital*	Baltimore, Md.	Int. Med., Surg.
Franklin Square Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Hospital for Women*	Baltimore, Md.	Int. Med., Ob.-Gyn.

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
James Lawrence Kernan Hospital for Crippled Children	Baltimore, Md.	Ortho. Surg.
Johns Hopkins Hospital*	Baltimore, Md.	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Syph., Urol.
Lutheran Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Maryland General Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Mercy Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Provident Hospital and Free Dispensary	Baltimore, Md.	Int. Med., Obst., Surg.
St. Agnes Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
St. Joseph's Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Surg.
Seton Institute	Baltimore, Md.	Psych.
Sinai Hospital*	Baltimore, Md.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital*	Baltimore, Md.	Int. Med., Obst., Surg.
Union Memorial Hospital*	Baltimore, Md.	Int. Med., Obst., Path., Ped., Rad., Surg.
U. S. Public Health Service Hospital*	Baltimore, Md.	Int. Med., Ophth., Path., Rad., Surg.
University Hospital*	Baltimore, Md.	Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Ped., Rad., Surg., Thor. Surg., Urol.
National Institutes of Health—Clinical Center	Bethesda, Md.	Int. Med., Path., Psych.
U. S. Naval Hospital*	Bethesda, Md.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Spring Grove State Hospital	Catonsville, Md.	Psych.
Memorial Hospital	Cumberland, Md.	Path.
Veterans Admin. Hospital	Fort Howard, Md.	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
Washington County Hospital*	Hagerstown, Md.	Rad.
Veterans Admin. Hospital	Perry Point, Md.	Int. Med., Psych., Surg.
Chestnut Lodge Sanitarium	Rockville, Md.	Psych.
Springfield State Hospital	Sykesville, Md.	Psych.
Sheppard & Enoch Pratt Hospital	Towson, Md.	Psych.
Veterans Admin. Hospital	Bedford, Mass.	Psych.
Beverly Hospital*	Beverly, Mass.	Int. Med., Path., Surg.
Beth Israel Hospital*	Boston, Mass.	Int. Med., Ob.-Gyn., Path., Psych., Rad., Surg., Urol.
Boston City Hospital*	Boston, Mass.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Boston Floating Hospital	Boston, Mass.	Ped.
Boston Lying-In Hospital	Boston, Mass.	Obst., Path.
Boston Psychopathic Hospital	Boston, Mass.	Psych.
Boston Sanatorium	Boston, Mass.	Pul. Dis., Thor. Surg.
Boston State Hospital	Boston, Mass.	Psych.
Carney Hospital*	Boston, Mass.	Int. Med., Ob.-Gyn., Surg.
Children's Medical Center*	Boston, Mass.	Ortho. Surg., Path., Ped., Rad., Surg.
Faulkner Hospital*	Boston, Mass.	Int. Med., Path., Rad.
Lahey Clinic	Boston, Mass.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Rad., Urol.
Massachusetts Eye and Ear Infirmary	Boston, Mass.	Ophth., Otol.
Massachusetts General Hospital*	Boston, Mass.	Allergy, Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals*	Boston, Mass.	Anes., Con. Dis., Derm. Syph., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
New England Center Hospital*	Boston, Mass.	Anes., Int. Med., Neur., Neuro. Surg., Psych., Rad., Surg., Urol.
New England Deaconess Hospital	Boston, Mass.	Anes., Int. Med., Path., Rad.
New England Hospital*	Boston, Mass.	Anes., Obst.
Peter Bent Brigham Hospital*	Boston, Mass.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Elizabeth Hospital*	Boston, Mass.	Anes., Int. Med., Obst., Path., Psych., Rad., Surg.
St. Margaret's Hospital	Boston, Mass.	Obst.
U. S. Public Health Service Hospital	Boston, Mass.	Int. Med., Surg.
Veterans Admin. Hospital	Boston, Mass. (Jamaica Plain)	Int. Med., Neur., Neuro. Surg., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Boston (West Roxbury), Mass.	Anes., Int. Med., Path., Phys. Med., Rad., Surg., Urol.
Booth Memorial Hospital and Home	Brookline, Mass.	Obst.
Free Hospital for Women	Brookline, Mass.	Gyn.
Cambridge City Hospital*	Cambridge, Mass.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Auburn Hospital*	Cambridge, Mass.	Anes., Int. Med., Path., Rad., Surg., Urol.
Massachusetts Hospital School	Canton, Mass.	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	Int. Med., Surg.
U. S. Naval Hospital*	Chelsea, Mass.	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Psych., Rad., Surg., Pul. Dis.
Fall River General Hospital, Tuberculosis Division	Fall River, Mass.	Gen'l Pract., Ob.-Gyn.
St. Anne's Hospital	Fall River, Mass.	Gen'l Pract., Ob.-Gyn.
Truesdale Hospital*	Fall River, Mass.	Int. Med., Surg.
Burbank Hospital	Fitchburg, Mass.	Path., Surg.
Foxboro State Hospital	Foxboro, Mass.	Psych.
Framingham Union Hospital	Framingham, Mass.	Path.
Danvers State Hospital	Hathorne, Mass.	Psych.
Holyoke Hospital	Holyoke, Mass.	Path.
Lawrence General Hospital*	Lawrence, Mass.	Path., Rad.
Lynn Hospital*	Lynn, Mass.	Int. Med., Path., Rad., Surg.
Malden Hospital	Malden, Mass.	Int. Med., Path., Surg.
Medfield State Hospital	Medfield, Mass.	Psych.
St. Luke's Hospital*	New Bedford, Mass.	Path.
Newton-Wellesley Hospital*	Newton, Mass.	Anes., Int. Med., Path., Rad., Surg.
Cooley Dickenson Hospital	Northampton, Mass.	Gen'l Pract.
Northampton State Hospital	Northampton, Mass.	Psych.
Quincy City Hospital*	Quincy, Mass.	Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Rutland Heights, Mass.	Pul. Dis.
Salem Hospital*	Salem, Mass.	Int. Med., Path., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Springfield, Mass.	Ortho. Surg.
Springfield Hospital*	Springfield, Mass.	Anes., Int. Med., Path., Surg.
Austen Riggs Foundation	Stockbridge, Mass.	Psych.
Taunton State Hospital	Taunton, Mass.	Psych.
Pondville Hospital	Walpole, Mass.	Path., Surg.
Metropolitan State Hospital	Waltham, Mass.	Psych.
Middlesex County Sanatorium	Waltham, Mass.	Pul. Dis.
Murphy Army Hospital*	Waltham, Mass.	Surg.
McLean Hospital	Waverly, Mass.	Psych.
Westfield State Sanatorium	Westfield, Mass.	Mal. Dis., Pul. Dis., Surg.
Belmont Hospital	Worcester, Mass.	Con. Dis., Pul. Dis.
Memorial Hospital*	Worcester, Mass.	Anes., Int. Med., Path., Rad., Surg.
St. Vincent's Hospital*	Worcester, Mass.	Anes., Int. Med., Surg.
Worcester City Hospital*	Worcester, Mass.	Int. Med., Ortho. Surg., Path., Ped., Psych., Surg.
Worcester State Hospital	Worcester, Mass.	Psych.
St. Joseph Mercy Hospital	Ann Arbor, Mich.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
University Hospital*	Ann Arbor, Mich.	Allergy, Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.

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Name of Hospital	Location	Approved Residencies
American Legion Hospital	Battle Creek, Mich.	Pul. Dis.
Leila Y. Post Montgomery Hospital *	Battle Creek, Mich.	Int. Med., Path., Rad., Surg.
Percy Jones Army Hospital *	Battle Creek, Mich.	Int. Med., Surg.
St. Joseph's Retreat	Dearborn, Mich.	Psych.
Veterans Admin. Hospital *	Dearborn, Mich.	Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg.
Alexander Blain Hospital	Detroit, Mich.	Int. Med., Surg.
Children's Hospital	Detroit, Mich.	Ortho. Surg., Ped., Rad.
City of Detroit Receiving Hospital *	Detroit, Mich.	Anes., Derm. Syph., Int. Med., Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Detroit Memorial Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Evangelical Deaconess Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Florence Crittenton Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Grace Hospital *	Detroit, Mich.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Harper Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital *	Detroit, Mich.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Herman Kiefer Hospital	Detroit, Mich.	Con. Dis., Obst., Path., Pul. Dis., Rad., Thor. Surg.
Jennings Memorial Hospital *	Detroit, Mich.	Int. Med., Rad., Surg.
Mount Carmel Mercy Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Providence Hospital *	Detroit, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Joseph Mercy Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Woman's Hospital *	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Wayne County General Hospital and Infirmary *	Eloise, Mich.	Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.
Hurley Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
McLaren General Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Surg.
St. Joseph Hospital *	Flint, Mich.	Gen'l Pract.
Veterans Admin. Hospital	Fort Custer, Mich.	Psych.
Blodgett Memorial Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Butterworth Hospital *	Grand Rapids, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Ferguson-Droste-Ferguson Rectal Clinic and Hosp.	Grand Rapids, Mich.	Proct.
St. Mary's Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ped., Surg.
Highland Park General Hospital *	Highland Park, Mich.	Int. Med., Surg.
Michigan State Sanatorium	Howell, Mich.	Pul. Dis.
Borgess Hospital *	Kalamazoo, Mich.	Gen'l Pract., Ortho. Surg.
Bronson Methodist Hospital *	Kalamazoo, Mich.	Int. Med., Surg.
Kalamazoo State Hospital	Kalamazoo, Mich.	Psych.
Edward W. Sparrow Hospital *	Lansing, Mich.	Int. Med., Path., Surg.
Ingham Sanatorium	Lansing, Mich.	Pul. Dis., Thor. Surg.
St. Lawrence Hospital *	Lansing, Mich.	Int. Med.
Morgan Heights Sanatorium	Marquette, Mich.	Pul. Dis.
Hackley Hospital *	Muskegon, Mich.	Rad.
Mercy Hospital	Muskegon, Mich.	Gen'l Pract.
William H. Maybury Sanatorium	Northville, Mich.	Pul. Dis.
Pontiac General Hospital *	Pontiac, Mich.	Int. Med., Ob.-Gyn., Surg.
Pontiac State Hospital	Pontiac, Mich.	Psych.
St. Joseph Mercy Hospital *	Pontiac, Mich.	Gen'l Pract., Int. Med., Obst., Surg.
Saginaw General Hospital *	Saginaw, Mich.	Int. Med., Ob.-Gyn., Occup. Med., Path., Ped., Surg.
St. Luke's Hospital *	Saginaw, Mich.	Gen'l Pract.
St. Mary's Hospital *	Saginaw, Mich.	Gen'l Pract.
James Decker Munson Hospital *	Traverse City, Mich.	Gen'l Pract.
Traverse City State Hospital	Traverse City, Mich.	Psych.
Wyandotte General Hospital	Wyandotte, Mich.	Gen'l Pract.
Beyer Memorial Hospital	Ypsilanti, Mich.	Rad.
Ypsilanti State Hospital	Ypsilanti, Mich.	Psych.
St. Luke's Hospital *	Duluth, Minn.	Path.
St. Mary's Hospital *	Duluth, Minn.	Int. Med., Path.
Hastings State Hospital	Hastings, Minn.	Psych.
Asbury Hospital *	Minneapolis, Minn.	Int. Med., Surg.
Fairview Hospital	Minneapolis, Minn.	Gen'l Pract.
Lutheran Deaconess Home and Hospital *	Minneapolis, Minn.	Gen'l Pract.
Maternity Hospital	Minneapolis, Minn.	Obst.
Minneapolis General Hospital *	Minneapolis, Minn.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Surg., Urol.
Mount Sinai Hospital *	Minneapolis, Minn.	Gen'l Pract., Int. Med., Surg.
Northwestern Hospital *	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Barnabas Hospital *	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital *	Minneapolis, Minn.	Ob.-Gyn., Urol.
Shriners Hospital for Crippled Children	Minneapolis, Minn.	Ortho. Surg.
Swedish Hospital *	Minneapolis, Minn.	Path., Rad., Surg.
University of Minnesota Hospitals *	Minneapolis, Minn.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Proct., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Minneapolis, Minn.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nopeming Sanatorium	Nopeming, Minn.	Pul. Dis.
Glen Lake Sanatorium	Oak Terrace, Minn.	Pul. Dis.
Mayo Foundation	Rochester, Minn.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Proct., Psych., Rad., Surg., Urol.
Rochester State Hospital	Rochester, Minn.	Psych.
Ancker Hospital *	St. Paul, Minn.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Surg., Urol.
Charles T. Miller Hospital *	St. Paul, Minn.	Int. Med. Ob.-Gyn., Ophth., Path., Rad., Surg., Urol.
Gillette State Hospital for Crippled Children	St. Paul, Minn.	Ortho. Surg.
Midway Hospital	St. Paul, Minn.	Gen'l Pract.
St. Joseph's Hospital *	St. Paul, Minn.	Int. Med., Path., Rad., Surg.
Veterans Admin. Hospital	Gulfport, Miss.	Psych.
Mississippi Baptist Hospital *	Jackson, Miss.	Ortho. Surg.
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	Pul. Dis.
Lutheran Hospital	Vicksburg, Miss.	Surg.
Mercy Hospital-Street Memorial *	Vicksburg, Miss.	Gen'l Pract., Surg.
St. Louis County Hospital *	Clayton, Mo.	Int. Med., Ob.-Gyn., Ophth., Path., Surg.
Ellis Fischel Cancer Hospital	Columbia, Mo.	Mal. Dis., Surg.
University Hospital	Columbia, Mo.	Ortho. Surg.
Veterans Admin. Hospital	Excelsior Springs, Mo.	Pul. Dis.
Veterans Admin. Hospital	Jefferson Barracks, Mo.	Anes., Int. Med., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Children's Mercy Hospital	Kansas City, Mo.	Ortho. Surg., Ped.
Kansas City General Hospital No. 1 *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Kansas City General Hospital No. 2 *	Kansas City, Mo.	Ob.-Gyn., Rad., Surg.
Menorah Hospital Medical Center *	Kansas City, Mo.	Int. Med., Path., Rad., Surg.
Research Hospital *	Kansas City, Mo.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Joseph Hospital *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Path., Rad., Surg.

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
St. Luke's Hospital ★	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Mary's Hospital ★	Kansas City, Mo.	Int. Med., Path., Surg.
Robert Koch Hospital	Koch, Mo.	Pul. Dis.
Missouri Methodist Hospital ★	St. Joseph, Mo.	Gen'l Pract., Surg.
State Hospital No. 2	St. Joseph, Mo.	Psych.
Alexian Brothers Hospital	St. Louis, Mo.	Gen'l Pract.
Barnard Free Skin and Cancer Hospital	St. Louis, Mo.	Derm. Syph., Mal. Dis., Rad.
Barnes Hospital ★	St. Louis, Mo.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
De Paul Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Rad., Surg.
Homer G. Phillips Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Missouri Baptist Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
Missouri Pacific Hospital	St. Louis, Mo.	Int. Med., Surg., Urol.
St. Anthony's Hospital ★	St. Louis, Mo.	Gen'l Pract., Int. Med., Surg.
St. John's Hospital ★	St. Louis, Mo.	Anes., Int. Med., Obst., Surg.
St. Louis Children's Hospital ★	St. Louis, Mo.	Otol., Ped., Surg.
St. Louis City Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis State Hospital	St. Louis, Mo.	Psych.
St. Luke's Hospital ★	St. Louis, Mo.	Int. Med., Ob.-Gyn., Rad., Surg.
St. Mary's Group of Hospitals ★	St. Louis, Mo.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	St. Louis, Mo.	Ortho. Surg.
Montana Deaconess Hospital ★	Great Falls, Mont.	Int. Med., Path.
Hastings State Hospital	Ingleside, Neb.	Psych.
Lincoln General Hospital ★	Lincoln, Neb.	Ob.-Gyn., Path.
Nebraska Orthopedic Hospital	Lincoln, Neb.	Ortho. Surg.
St. Elizabeth's Hospital ★	Lincoln, Neb.	Obst.
Veterans Admin. Hospital	Lincoln, Neb.	Int. Med., Ortho. Surg., Surg., Urol.
Norfolk State Hospital	Norfolk, Neb.	Psych.
Bishop Clarkson Memorial Hospital ★	Omaha, Neb.	Ob.-Gyn., Path.
Creighton Memorial St. Joseph Hospital ★	Omaha, Neb.	Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Immanuel Deaconess Hospital	Omaha, Neb.	Ob.-Gyn.
Lutheran Hospital	Omaha, Neb.	Psych.
Nebraska Methodist Hospital ★	Omaha, Neb.	Path., Rad.
St. Catherine's Hospital ★	Omaha, Neb.	Rad.
University of Nebraska Hospital ★	Omaha, Neb.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital	Omaha, Neb.	Int. Med., Psych., Surg.
New Hampshire State Hospital	Concord, N. H.	Psych.
Mary Hitchcock Memorial Hospital ★	Hanover, N. H.	Anes., Derm. Syph., Int. Med., Path., Ped., Rad., Surg.
Elliott Hospital	Manchester, N. H.	Path.
Atlantic City Hospital ★	Atlantic City, N. J.	Int. Med., Path., Rad., Surg., Urol.
Bayonne Hospital and Dispensary ★	Bayonne, N. J.	Urol.
Essex County Hospital for Contagious Diseases	Belleville, N. J.	Con. Dis.
Camden Municipal Hospital	Camden, N. J.	Con. Dis.
Cooper Hospital ★	Camden, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
West Jersey Hospital ★	Camden, N. J.	Anes., Path., Surg.
Essex County Overbrook Hospital	Cedar Grove, N. J.	Psych.
Englewood Hospital ★	Englewood, N. J.	Int. Med.
Hunterdon Medical Center	Flemington, N. J.	Gen'l Pract.
New Jersey Sanatorium for Tuberculosis Diseases	Glen Gardner, N. J.	Pul. Dis.
New Jersey State Hospital	Greystone Park, N. J.	Psych.
Hackensack Hospital ★	Hackensack, N. J.	Int. Med., Surg.
Berthold S. Pollock Hospital for Chest Diseases	Jersey City, N. J.	Pul. Dis., Thor. Surg.
Medical Center-Jersey City Hospital	Jersey City, N. J.	Anes., Int. Med., Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Margaret Hague Maternity Hospital	Jersey City, N. J.	Obst.
Monmouth Memorial Hospital ★	Long Branch, N. J.	Int. Med., Obst., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Lyons, N. J.	Psych.
New Jersey State Hospital	Marlboro, N. J.	Psych.
Mountainside Hospital ★	Montclair, N. J.	Int. Med., Path.
Morristown Memorial Hospital	Morristown, N. J.	Path.
Burlington County Hospital	Mount Holly, N. J.	Int. Med., Path., Rad., Surg.
Fitkin Memorial Hospital ★	Neptune, N. J.	Int. Med., Surg.
Babies' Hospital-Colt Memorial	Newark, N. J.	Ped.
Hospital and Home for Crippled Children	Newark, N. J.	Ortho. Surg.
Hospital of St. Barnabas and for Women and Children ★	Newark, N. J.	Path., Plas. Surg., Rad., Surg.
Newark Beth Israel Hospital ★	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Newark City Hospital ★	Newark, N. J.	Int. Med., Otol., Path., Rad., Surg., Urol.
Newark Eye and Ear Infirmary	Newark, N. J.	Ophth.
Presbyterian Hospital ★	Newark, N. J.	Path., Surg.
St. Michael's Hospital ★	Newark, N. J.	Int. Med., Obst., Path., Ped.
St. Peter's General Hospital ★	New Brunswick, N. J.	Int. Med.
New Jersey Orthopedic Hospital and Dispensary	Orange, N. J.	Ortho. Surg.
Orange Memorial Hospital ★	Orange, N. J.	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Bergen Pines County Hospital ★	Paramus, N. J.	Pul. Dis.
Passaic General Hospital ★	Passaic, N. J.	Path.
St. Mary Hospital	Passaic, N. J.	Path.
Paterson General Hospital ★	Paterson, N. J.	Int. Med., Obst., Path.
St. Joseph Hospital ★	Paterson, N. J.	Anes., Path.
Muhlenberg Hospital ★	Plainfield, N. J.	Path.
Holy Name Hospital ★	Teaneck, N. J.	Ob.-Gyn.
Mercer Hospital ★	Trenton, N. J.	Int. Med., Path., Rad., Surg.
New Jersey State Hospital	Trenton, N. J.	Psych.
Orthopedic Hospital and Dispensary	Trenton, N. J.	Ortho. Surg.
St. Francis Hospital ★	Trenton, N. J.	Int. Med., Surg.
Essex Mountain Sanatorium	Verona, N. J.	Pul. Dis.
Veterans Admin. Hospital	Albuquerque, N. M.	Int. Med., Path., Pul. Dis., Surg.
Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. M.	Ortho. Surg.
Albany Hospital ★	Albany, N. Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Anthony N. Brady Maternity Hospital	Albany, N. Y.	Obst.
Bender Hygienic Laboratory	Albany, N. Y.	Path.
St. Peter's Hospital ★	Albany, N. Y.	Ped.
Veterans Admin. Hospital	Albany, N. Y.	Int. Med., Path., Surg.
Veterans Admin. Hospital	Bath, N. Y.	Int. Med.
Montefiore Hospital	Bedford Hills, N. Y.	Pul. Dis.
Binghamton City Hospital ★	Binghamton, N. Y.	Int. Med., Ortho. Surg., Path., Rad., Surg.
Binghamton State Hospital	Binghamton, N. Y.	Psych.
Beth-El Hospital ★	Brooklyn, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Brooklyn Eye and Ear Hospital	Brooklyn, N. Y.	Ophth., Otol.
Brooklyn Hospital ★	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn State Hospital	Brooklyn, N. Y.	Psych.

★ Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
Brooklyn Womens Hospital	Brooklyn, N. Y.	Ob.-Gyn.
Coney Island Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Cumberland Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Greenpoint Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
House of St. Giles the Cripple	Brooklyn, N. Y.	Ortho. Surg.
Jewish Hospital *	Brooklyn, N. Y.	Allergy, Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jewish Sanitarium and Hospital for Chronic Diseases	Brooklyn, N. Y.	Int. Med., Neur.
John E. Jennings Hospital	Brooklyn, N. Y.	Rad., Surg.
Kings County Hospital * County Service	Brooklyn, N. Y.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped , Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
University Service	Brooklyn, N. Y.	Ob.-Gyn., Ped., Surg., Thor. Surg.
Kingston Avenue Hospital	Brooklyn, N. Y.	Con. Dis., Pul. Dis.
Long Island College Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Maimonides Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Methodist Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Norwegian Lutheran Deaconesses' Home and Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Catherine's Hospital *	Brooklyn, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Charles Hospital Orthopedic Clinic	Brooklyn, N. Y.	Ortho. Surg.
St. John's Episcopal Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Ped., Surg.
St. Mary's Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Unity Hospital *	Brooklyn, N. Y.	Ob.-Gyn.
Veterans Admin. Hospital	Brooklyn, N. Y.	Anes., Int. Med., Neur., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Wyckoff Heights Hospital *	Brooklyn, N. Y.	Int. Med., Ob.-Gyn., Ped., Surg.
Buffalo General Hospital *	Buffalo, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Buffalo State Hospital	Buffalo, N. Y.	Psych.
Children's Hospital	Buffalo, N. Y.	Obst., Ortho. Surg., Ped., Surg.
Deaconess Hospital *	Buffalo, N. Y.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital *	Buffalo, N. Y.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Emergency Hospital of the Sisters of Charity	Buffalo, N. Y.	Int. Med., Surg.
Millard Fillmore Hospital *	Buffalo, N. Y.	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Path., Pract., Surg., Urol.
Roswell Park Memorial Institute	Buffalo, N. Y.	Mal. Dis., Rad.
Sisters of Charity Hospital *	Buffalo, N. Y.	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	Buffalo, N. Y.	Anes., Int. Med., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Mary McClellan Hospital	Cambridge, N. Y.	Surg.
Veterans Admin. Hospital	Canandaigua, N. Y.	Psych.
Veterans Admin. Hospital	Castle Point, N. Y.	Pul. Dis., Thor. Surg.
Central Islip State Hospital	Central Islip, N. Y.	Psych
Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	Int. Med., Rad., Surg.
Mary Imogene Bassett Hospital *	Cooperstown, N. Y.	Int. Med., Ped., Surg.
Nassau County Tuberculosis Hospital	Farmingdale, N. Y.	Pul. Dis.
St. Joseph's Hospital	Far Rockaway, N. Y.	Gen'l Pract.
Flushing Hospital and Dispensary *	Flushing, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Hillside Hospital	Glen Oaks, N. Y.	Psych.
Gowanda State Homeopathic Hospital	Helmuth, N. Y.	Psych.
Meadowbrook Hospital *	Hempstead, N. Y.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Irvington House	Irvington, N. Y.	Card. Dis.
Cornell University Infirmary	Ithaca, N. Y.	Int. Med.
Tompkins Memorial Hospital	Ithaca, N. Y.	Int. Med.
Herman M. Biggs Memorial Hospital	Ithaca, N. Y.	Pul. Dis.
Jamaica Hospital *	Jamaica, N. Y.	Surg.
Mary Immaculate Hospital *	Jamaica, N. Y.	Anes., Int. Med., Obst., Path., Ped., Surg.
Queens General Hospital *	Jamaica, N. Y.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Triboro Hospital	Jamaica, N. Y.	Pul. Dis., Thor. Surg.
Charles S. Wilson Memorial Hospital *	Johnson City, N. Y.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Pine Wood Sanitarium	Katonah, N. Y.	Psych.
Kings Park State Hospital	Kings Park, N. Y.	Psych.
Benedictine Hospital	Kingston, N. Y.	Gen'l Pract.
Kingston Hospital	Kingston, N. Y.	Gen'l Pract.
Our Lady of Victory Hospital *	Lackawanna, N. Y.	Gen'l Pract.
Niagara Sanatorium	Lockport, N. Y.	Pul. Dis.
River Crest Sanitarium	Long Island City, N. Y.	Psych.
St. John's Long Island City Hospital *	Long Island City, N. Y.	Path.
Marcy State Hospital	Marcy, N. Y.	Psych.
Middletown State Homeopathic Hospital	Middletown, N. Y.	Psych.
Nassau Hospital *	Mineola, N. Y.	Obst., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Montrose, N. Y.	Psych.
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.	Pul. Dis.
Mount Vernon Hospital *	Mount Vernon, N. Y.	Int. Med., Obst., Path., Rad., Surg.
New Rochelle Hospital *	New Rochelle, N. Y.	Int. Med., Path., Rad., Surg.
Bellevue Hospital Center		
Div. I—Columbia University *	New York City, N. Y.	Int. Med., Pul. Dis., Surg., Thor. Surg.
Div. II—Cornell University *	New York City, N. Y.	Int. Med., Neur., Neuro. Surg., Surg., Urol.
Div. III—New York University College of Medicine *	New York City, N. Y.	Int. Med., Neur., Ob.-Gyn., Path., Ped., Phys. Med., Psych., Rad., Surg.
Div. IV—New York University Post-Graduate Medical School *	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Rad., Surg.
Beth David Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Rad., Surg.
Beth Israel Hospital *	New York City, N. Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Bronx Eye and Ear Infirmary	New York City, N. Y.	Ophth.
Bronx Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Doctors Hospital	New York City, N. Y.	Path., Rad.
Flower and Fifth Avenue Hospitals	New York City, N. Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Fordham Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Francis Delafield Hospital	New York City, N. Y.	Gyn., Int. Med., Rad., Surg., Urol.
French Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Rad., Surg., Urol.
Goldwater Memorial Hospital	New York City, N. Y.	Int. Med., Neur., Ophth., Path., Phys. Med., Rad., Surg.
Gouverneur Hospital	New York City, N. Y.	Surg.
Harlem Eye and Ear Hospital	New York City, N. Y.	Ophth.
Harlem Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Hospital for Joint Diseases *	New York City, N. Y.	Anes., Int. Med., Gyn., Ortho. Surg., Path., Phys. Med., Rad.
Hospital for Special Surgery	New York City, N. Y.	Anes., Int. Med., Ortho. Surg., Phys. Med.
Jewish Memorial Hospital *	New York City, N. Y.	Int. Med., Ob.-Gyn., Path., Surg.
Knickerbocker Hospital *	New York City, N. Y.	Int. Med., Surg.
Lebanon Hospital *	New York City, N. Y.	Int. Med., Path., Surg.

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Name of Hospital	Location	Approved Residencies
Lenox Hill Hospital ★	New York City, N. Y.	Anes., Card. Dis., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Lincoln Hospital	New York City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Manhattan Eye, Ear and Throat Hospital	New York City, N. Y.	Ophth., Otol.
Manhattan General Hospital	New York City, N. Y.	Pul. Dis.
Manhattan State Hospital	New York City, N. Y.	Psych.
Memorial Center for Cancer and Allied Diseases	New York City, N. Y.	Anes., Int. Med., Path., Rad., Surg.
Metropolitan Hospital ★	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Mal. Dis., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Misericordia Hospital ★	New York City, N. Y.	Obst., Ped.
Montefiore Hospital ★	New York City, N. Y.	Anes., Int. Med., Mal. Dis., Neur., Ophth., Path., Pul. Dis., Rad., Surg.
Morrisania City Hospital ★	New York City, N. Y.	Int. Med., Neur., Ob.-Gyn., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital ★	New York City, N. Y.	Surg.
Mount Sinai Hospital ★	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
New York City Hospital ★	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Urol.
New York Eye and Ear Infirmary	New York City, N. Y.	Ophth., Otol.
New York Foundling Hospital	New York City, N. Y.	Ped.
New York Hospital ★	New York City, N. Y.	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Infirmary ★	New York City, N. Y.	Int. Med., Obst., Ped., Surg.
New York Polyclinic Medical School and Hospital ★	New York City, N. Y.	Anes., Derm. Syph., Gastro., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
New York State Psychiatric Institute and Hospital	New York City, N. Y.	Psych.
New York University-Bellevue Medical Center University Hospital ★	New York City, N. Y.	Allergy, Anes., Derm. Syph., Int. Med., Gyn., Path., Ped., Psych., Rad.
Presbyterian Hospital ★	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Roosevelt Hospital ★	New York City, N. Y.	Allergy, Int. Med., Gyn., Otol., Path., Ped., Psych., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases	New York City, N. Y.	Int. Med., Path.
St. Clare's Hospital ★	New York City, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
St. Francis Hospital ★	New York City, N. Y.	Int. Med., Ob.-Gyn., Surg.
St. Joseph Hospital for Chest Diseases	New York City, N. Y.	Pul. Dis., Thor. Surg.
St. Luke's Hospital ★	New York City, N. Y.	Anes., Card. Dis., Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
St. Vincent's Hospital ★	New York City, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg.
Seton Hospital	New York City, N. Y.	Pul. Dis., Thor. Surg.
Sydenham Hospital ★	New York City, N. Y.	Anes., Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	New York City, N. Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plast. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Willard Parker Hospital	New York City, N. Y.	Com. Dis., Path., Pul. Dis.
Woman's Hospital	New York City, N. Y.	Ob.-Gyn.
St. Lawrence Hospital	Ogdensburgh, N. Y.	Psych.
Homer Folks Tuberculosis Hospital	Oneonta, N. Y.	Pul. Dis., Thor. Surg.
Rockland State Hospital	Orangeburg, N. Y.	Psych.
Stony Lodge Sanitarium	Ossining, N. Y.	Psych.
Municipal Sanatorium	Otisville, N. Y.	Pul. Dis.
High Point Hospital	Port Chester, N. Y.	Psych.
United Hospital ★	Port Chester, N. Y.	Int. Med., Obst., Path., Rad., Surg.
St. Charles Hospital for Crippled Children	Port Jefferson, N. Y.	Ortho. Surg.
Hudson River State Hospital	Poughkeepsie, N. Y.	Psych.
Vassar Brother Hospital ★	Poughkeepsie, N. Y.	Gen'l Pract.
Creedmoor State Hospital	Queens Village, N. Y.	Psych.
Raybrook State Tuberculosis Hospital	Raybrook, N. Y.	Pul. Dis., Thor. Surg.
Genesee Hospital ★	Rochester, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Highland Hospital ★	Rochester, N. Y.	Anes., Int. Med., Obst., Surg.
Iola-Monroe County Tuberculosis Sanatorium	Rochester, N. Y.	Pul. Dis.
Rochester General Hospital ★	Rochester, N. Y.	Anes., Int. Med., Obst., Ortho. Surg., Path., Ped., Rad., Surg.
Rochester State Hospital	Rochester, N. Y.	Psych.
St. Mary's Hospital ★	Rochester, N. Y.	Int. Med., Ophth., Path., Rad., Surg.
Strong Memorial-Rochester Municipal Hospitals ★	Rochester, N. Y.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
St. Francis Sanatorium for Cardiac Children	Roslyn, L. I., N. Y.	Card. Dis.
U. S. Naval Hospital ★	St. Albans, N. Y.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Thor. Surg., Urol.
Ellis Hospital ★	Schenectady, N. Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.
Schenectady County Tuberculosis Hospital	Schenectady, N. Y.	Pul. Dis.
U. S. Public Health Service Hospital	Stapleton (Staten Island), N. Y.	Anes., Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
St. Vincent's Hospital ★	Staten Island, N. Y.	Int. Med., Ortho. Surg., Ped.
Sea View Hospital	Staten Island, N. Y.	Ophth., Ortho. Surg., Ped., Pul. Dis., Rad., Thor. Surg., Urol.
Staten Island Hospital ★	Staten Island, N. Y.	Int. Med., Path.
Veterans Admin. Hospital	Sunmount, N. Y.	Pul. Dis.
General Hospital ★	Syracuse, N. Y.	Ob.-Gyn.
St. Joseph's Hospital ★	Syracuse, N. Y.	Ob.-Gyn., Path., Ped.
State University of New York Medical Center ★	Syracuse, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg.
Syracuse Psychopathic Hospital	Syracuse, N. Y.	Psych.
Letchworth Village	Thiells, N. Y.	Psych.
Samaritan Hospital ★	Troy, N. Y.	Path.
Trudeau Sanatorium	Trudeau, N. Y.	Pul. Dis.
Utica State Hospital	Utica, N. Y.	Psych.
Grasslands Hospital ★	Valhalla, N. Y.	Anes., Int. Med., Ophth., Path., Ped., Psych., Pul. Dis., Rad., Surg.
Pilgrim State Hospital	West Brentwood, N. Y.	Psych.
Rehabilitation Hospital	West Haverstraw, N. Y.	Ortho. Surg., Phys. Med.
New York Hospital-Westchester Division	White Plains, N. Y.	Psych.
White Plains Hospital ★	White Plains, N. Y.	Int. Med., Surg.
Willard State Hospital	Willard, N. Y.	Psych.
Harlem Valley State Hospital	Wingdale, N. Y.	Psych.
St. John's Riverside Hospital ★	Yonkers, N. Y.	Rad.
North Carolina Memorial Hospital ★	Chapel Hill, N. C.	Int. Med., Neur., Ob.-Gyn., Path., Ped., Psych., Surg.
Charlotte Memorial Hospital ★	Charlotte, N. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Duke Hospital ★	Durham, N. C.	Allergy, Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Lincoln Hospital ★	Durham, N. C.	Surg.
McPherson Hospital	Durham, N. C.	Ophth., Otol.
Watts Hospital ★	Durham, N. C.	Int. Med., Obst., Path., Ped., Rad., Surg., Urol.

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Name of Hospital	Location	Approved Residencies
U. S. Army Hospital	Fort Bragg, N. C.	Surg.
North Carolina Orthopedic Hospital	Gastonia, N. C.	Ortho. Surg.
North Carolina Sanatorium for the Treatment of Tuberculosis	McCain, N. C.	Pul. Dis.
Veterans Admin. Hospital	Oteen, N. C.	Path., Pul. Dis., Thor. Surg.
Rex Hospital *	Raleigh, N. C.	Int. Med., Ob.-Gyn., Ped., Surg.
St. Agnes Hospital	Raleigh, N. C.	Ob.-Gyn.
State Hospital	Raleigh, N. C.	Psych.
Babies Hospital	Wilmington, N. C.	Ped.
James Walker Memorial Hospital *	Wilmington, N. C.	Int. Med., Surg.
City Memorial Hospital *	Winston-Salem, N. C.	Int. Med., Ob.-Gyn., Ped., Surg.
Kate Bitting Reynolds Memorial Hospital *	Winston-Salem, N. C.	Int. Med., Surg.
North Carolina Baptist Hospital *	Winston-Salem, N. C.	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Bismarck Hospital	Bismarck, N. D.	Int. Med., Rad., Surg.
St. Luke's Hospital *	Fargo, N. D.	Int. Med., Ob.-Gyn., Surg.
Children's Hospital	Akron, Ohio	Ortho. Surg., Ped., Surg.
City Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Peoples Hospital *	Akron, Ohio	Gen'l Pract. Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Thomas Hospital *	Akron, Ohio	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	Brecksville, Ohio	Pul. Dis.
Aultman Hospital *	Canton, Ohio	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mercy Hospital *	Canton, Ohio	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Rad., Surg.
Windsor Hospital	Chagrin Falls, Ohio	Psych.
Bethesda Hospital *	Cincinnati, Ohio	Ob.-Gyn., Path.
Children's Hospital	Cincinnati, Ohio	Ortho. Surg., Ped., Surg.
Christ Hospital *	Cincinnati, Ohio	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Path., Psych., Surg.
Cincinnati General Hospital *	Cincinnati, Ohio	Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Deaconess Hospital *	Cincinnati, Ohio	Int. Med., Surg.
Good Samaritan Hospital *	Cincinnati, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Jewish Hospital *	Cincinnati, Ohio	Int. Med., Ortho. Surg., Path., Rad., Surg.
Longview State Hospital	Cincinnati, Ohio	Psych.
St. Mary's Hospital *	Cincinnati, Ohio	Int. Med., Surg.
City Hospital *	Cleveland, Ohio	Con. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Cleveland Clinic Hospital	Cleveland, Ohio	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Fairview Park Hospital *	Cleveland, Ohio	Int. Med., Obst., Surg.
Lutheran Hospital *	Cleveland, Ohio	Int. Med., Obst., Path., Rad., Surg.
Mount Sinai Hospital *	Cleveland, Ohio	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Alexis Hospital *	Cleveland, Ohio	Int. Med., Surg.
St. Anne's Maternity Hospital	Cleveland, Ohio	Obst.
St. John's Hospital *	Cleveland, Ohio	Int. Med., Ob.-Gyn., Surg.
St. Luke's Hospital *	Cleveland, Ohio	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg.
St. Vincent Charity Hospital *	Cleveland, Ohio	Int. Med., Path., Rad., Surg.
University Hospitals *	Cleveland, Ohio	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Cleveland, Ohio	Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Benjamin Franklin Hospital	Columbus, Ohio	Pul. Dis., Thor. Surg.
Children's Hospital	Columbus, Ohio	Ortho. Surg., Path., Ped., Surg.
Columbus State Hospital	Columbus, Ohio	Psych.
Grant Hospital *	Columbus, Ohio	Path.
Mount Carmel Hospital *	Columbus, Ohio	Int. Med., Obst., Ortho. Surg., Surg.
University Hospitals		
Columbus Receiving Hospital	Columbus, Ohio	Psych.
Ohio Tuberculosis Hospital	Columbus, Ohio	Psych., Pul. Dis., Thor. Surg.
St. Francis Hospital	Columbus, Ohio	Int. Med., Surg.
University Hospital *	Columbus, Ohio	Anes., Card. Dis., Gastro., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
St. Anne's Maternity Hospital	Columbus, Ohio	Obst.
White Cross Hospital *	Columbus, Ohio	Card. Dis., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Dayton, Ohio	Ob.-Gyn., Surg.
Miami Valley Hospital *	Dayton, Ohio	Int. Med., Obst., Path., Rad., Surg.
St. Elizabeth Hospital *	Dayton, Ohio	Rad., Surg.
Veterans Admin. Hospital	Dayton, Ohio	Int. Med., Path., Rad., Surg., Urol.
Huron Road Hospital *	East Cleveland, Ohio	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg., Urol.
Elyria Memorial Hospital and Gates Hospital for Crippled Children *	Elyria, Ohio	Ortho. Surg.
Euclid-Glenville Hospital *	Euclid, Ohio	Gen'l Pract.
Marymount Hospital *	Garfield Heights, Ohio	Anes., Int. Med., Ob.-Gyn., Surg.
Mercy Hospital *	Hamilton, Ohio	Path., Surg.
Lakewood Hospital *	Lakewood, Ohio	Int. Med., Obst., Surg.
Lima Memorial Hospital *	Lima, Ohio	Gen'l Pract.
St. Rita's Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Obst., Path., Surg.
Mansfield General Hospital	Mansfield, Ohio	Surg.
Massillon State Hospital	Massillon, Ohio	Psych.
Maumee Valley Hospital *	Toledo, Ohio	Int. Med., Obst., Surg.
Mercy Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Vincent's Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Toledo Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Sunny Acres, Cuyahoga County Tuberculosis Hospital	Warrensville, Ohio	Pul. Dis.
Harding Sanitarium	Worthington, Ohio	Psych.
Mahoning County Tuberculosis Sanatorium	Youngstown, Ohio	Pul. Dis.
St. Elizabeth Hospital *	Youngstown, Ohio	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Youngstown Hospital *	Youngstown, Ohio	Anes., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Central Oklahoma State Hospital	Norman, Okla.	Psych.
Bone and Joint Hospital and McBride Clinic	Oklahoma City, Okla.	Ortho. Surg.
St. Anthony Hospital *	Oklahoma City, Okla.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
University Hospitals *	Oklahoma City, Okla.	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Rad., Surg., Urol.
Veterans Admin. Hospital *	Oklahoma City, Okla.	Int. Med., Ortho. Surg., Rad., Surg.
Wesley Hospital *	Oklahoma City, Okla.	Int. Med., Ob.-Gyn., Rad., Surg.
Hillcrest Medical Center	Tulsa, Okla.	Int. Med., Path., Ped., Surg., Urol.
St. John's Hospital *	Tulsa, Okla.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Emanuel Hospital *	Portland, Ore.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Portland, Ore.	Int. Med., Path.
Providence Hospital *	Portland, Ore.	Int. Med., Path., Surg.

* Indicates hospitals approved for training interns.

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Name of Hospital	Location	Approved Residencies
St. Vincent's Hospital ★	Portland, Ore.	Int. Med., Obst., Path., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Portland, Ore.	Ortho. Surg.
University of Oregon Medical School Hospitals and Clinics ★	Portland, Ore.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Portland, Ore.	Anes., Int. Med., Otol., Ortho. Surg., Phys. Med., Rad., Surg., Urol.
Oregon State Hospital	Salem, Ore.	Psych.
Abington Memorial Hospital ★	Abington, Pa.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Allentown Hospital ★	Allentown, Pa.	Int. Med., Ob.-Gyn., Path., Plas. Surg., Proct., Surg., Urol.
Allentown State Hospital	Allentown, Pa.	Psych.
Sacred Heart Hospital ★	Allentown, Pa.	Int. Med., Path., Surg.
Veterans Admin. Hospital	Aspinwall, Pa.	Allergy, Derm. Syph., Int. Med., Ophth., Otol., Path., Phys. Med., Rad., Surg., Urol.
St. Luke's Hospital ★	Bethlehem, Pa.	Int. Med., Ob.-Gyn., Path., Surg.
Bradford Hospital	Bradford, Pa.	Gen'l Pract., Surg.
Bryn Mawr Hospital ★	Bryn Mawr, Pa.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Veterans Admin. Hospital	Coatesville, Pa.	Neuro., Psych.
Danville State Hospital	Danville, Pa.	Psych.
George F. Geisinger Memorial Hospital ★	Danville, Pa.	Int. Med., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Fitzgerald-Mercy Hospital ★	Darby, Pa.	Ob.-Gyn., Path.
Eagleville Sanatorium for Consumptives	Eagleville, Pa.	Pul. Dis.
Easton Hospital ★	Easton, Pa.	Int. Med., Surg.
State Hospital for Crippled Children	Elizabethtown, Pa.	Ortho. Surg.
Embreeville State Hospital	Embreeville, Pa.	Psych.
Hamot Hospital ★	Erie, Pa.	Int. Med., Ortho. Surg., Path., Surg.
St. Vincent's Hospital ★	Erie, Pa.	Path., Rad., Surg., Urol.
Westmoreland Hospital	Greensburg, Pa.	Int. Med.
Pennsylvania State Sanatorium for Tuberculosis	Hamburg, Pa.	Pul. Dis.
Harrisburg Hospital ★	Harrisburg, Pa.	Int. Med., Ob.-Gyn., Surg., Urol.
Harrisburg Polyclinic Hospital ★	Harrisburg, Pa.	Int. Med., Surg.
Harrisburg State Hospital	Harrisburg, Pa.	Psych.
Hazelton State Hospital	Hazleton, Pa.	Surg.
Lancaster General Hospital	Lancaster, Pa.	Path.
St. Joseph's Hospital ★	Lancaster, Pa.	Gen'l Pract., Path., Surg.
Norristown State Hospital	Norristown, Pa.	Psych.
Albert Einstein Medical Center		
Northern Division ★	Philadelphia, Pa.	Anes., Int. Med., Gyn., Path., Ped., Rad., Surg.
Southern Division ★	Philadelphia, Pa.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
American Oncologic Hospital	Philadelphia, Pa.	Mal. Dis., Rad.
Chestnut Hill Hospital	Philadelphia, Pa.	Rad.
Children's Hospital	Philadelphia, Pa.	Ortho. Surg., Ped., Surg.
Children's Hospital of the Mary J. Drexel Home	Philadelphia, Pa.	Ped.
Doctors Hospital	Philadelphia, Pa.	Surg.
Episcopal Hospital ★	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
Frankford Hospital ★	Philadelphia, Pa.	Ob.-Gyn., Path., Rad., Surg.
Friends Hospital	Philadelphia, Pa.	Psych.
Germantown Hospital and Dispensary ★	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Graduate Hospital of the University of Pennsylvania ★	Philadelphia, Pa.	Anes., Card. Dis., Derm. Syph., Gastro., Gyn., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Hahnemann Medical College and Hospital ★	Philadelphia, Pa.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Hospital of the University of Pennsylvania ★	Philadelphia, Pa.	Anes., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Hospital of the Women's Medical College of Pennsylvania ★	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Institute of the Pennsylvania Hospital	Philadelphia, Pa.	Psych.
Jeanes Hospital	Philadelphia, Pa.	Mal. Dis., Rad.
Jefferson Medical College Hospital ★	Philadelphia, Pa.	Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Proct., Psych., Pul. Dis., Rad., Surg., Urol.
Lankenau Hospital ★	Philadelphia, Pa.	Int. Med., Obst., Path., Surg., Urol.
Mercy-Douglass Hospital ★	Philadelphia, Pa.	Ob.-Gyn., Rad.
Methodist Episcopal Hospital ★	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Surg.
Nazareth Hospital ★	Philadelphia, Pa.	Rad.
Pennsylvania Hospital ★	Philadelphia, Pa.	Card. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Pennsylvania Hospital-Department for Mental and Nervous Diseases	Philadelphia, Pa.	Psych.
Philadelphia General Hospital ★	Philadelphia, Pa.	Card. Dis., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Philadelphia Hospital for Contagious Diseases	Philadelphia, Pa.	Con. Dis.
Philadelphia Psychiatric Hospital	Philadelphia, Pa.	Psych.
Philadelphia State Hospital	Philadelphia, Pa.	Psych.
Presbyterian Hospital ★	Philadelphia, Pa.	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Christopher's Hospital for Children	Philadelphia, Pa.	Ped.
St. Joseph's Hospital ★	Philadelphia, Pa.	Surg.
St. Luke's and Children's Medical Center ★	Philadelphia, Pa.	Ped.
St. Mary's Hospital ★	Philadelphia, Pa.	Surg.
Shriners Hospital for Crippled Children	Philadelphia, Pa.	Ortho. Surg.
Skin and Cancer Hospital	Philadelphia, Pa.	Derm. Syph.
Temple University Hospital ★	Philadelphia, Pa.	Allergy, Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital ★	Philadelphia, Pa.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Wills Hospital	Philadelphia, Pa.	Ophth.
Woman's Hospital ★	Philadelphia, Pa.	Int. Med., Ob.-Gyn., Surg.
Valley Forge Army Hospital ★	Phoenixville, Pa.	Int. Med., Surg.
Allegheny General Hospital ★	Pittsburgh, Pa.	Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Children's Hospital	Pittsburgh, Pa.	Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital	Pittsburgh, Pa.	Int. Med., Ob.-Gyn.
Eye, Ear, Nose and Throat Hospital	Pittsburgh, Pa.	Ophth., Otol.
Mercy Hospital ★	Pittsburgh, Pa.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Montefiore Hospital ★	Pittsburgh, Pa.	Allergy, Anes., Int. Med., Obst., Ophth., Path., Rad., Surg.
Pittsburgh Hospital ★	Pittsburgh, Pa.	Ob.-Gyn., Surg.
Pittsburgh Medical Center	Pittsburgh, Pa.	Derm. Syph., Rad., Urol.
Presbyterian Hospital ★	Pittsburgh, Pa.	Card. Dis., Int. Med., Ortho. Surg., Path., Plas. Surg., Proct., Surg., Urol.
St. Francis Hospital ★	Pittsburgh, Pa.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.
St. John's General Hospital	Pittsburgh, Pa.	Gen'l Pract.
St. Margaret Memorial Hospital ★	Pittsburgh, Pa.	Ob.-Gyn., Int. Med., Path.
South Side Hospital ★	Pittsburgh, Pa.	Int. Med., Ob.-Gyn.
Tuberculosis League Hospital	Pittsburgh, Pa.	Pul. Dis.
Western Pennsylvania Hospital	Pittsburgh, Pa.	Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.

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Name of Hospital	Location	Approved Residencies
Western State Psychiatric Institute and Clinic	Pittsburgh, Pa.	Psych.
Community General Hospital ★	Reading, Pa.	Gen'l Pract., Path.
Reading Hospital ★	Reading, Pa.	Int. Med., Ortho. Surg., Path., Rad., Surg.
St. Joseph's Hospital ★	Reading, Pa.	Int. Med., Path., Rad., Surg.
Robert Packer Hospital ★	Sayre, Pa.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Scranton State Hospital ★	Scranton, Pa.	Int. Med., Path.
Sharon General Hospital	Sharon, Pa.	Gen'l Pract., Rad.
Mont Alto State Sanatorium (Pennsylvania State Sanatorium No. 1)	South Mountain, Pa.	Pul. Dis.
Warren State Hospital	Warren, Pa.	Psych.
Chester County Hospital ★	West Chester, Pa.	Rad.
Mercy Hospital ★	Wilkes-Barre, Pa.	Surg., Urol.
Wilkes-Barre General Hospital ★	Wilkes-Barre, Pa.	Int. Med., Obst., Surg., Urol.
Columbia Hospital ★	Wilkinsburg, Pa.	Surg.
Williamsport Hospital ★	Williamsport, Pa.	Path., Surg.
Woodville State Hospital	Woodville, Pa.	Psych.
York Hospital ★	York, Pa.	Int. Med. Path., Surg.
State Hospital for Mental Diseases	Howard, R. I.	Psych.
Memorial Hospital ★	Pawtucket, R. I.	Gen'l Pract.
Butler Hospital	Providence, R. I.	Psych.
Charles V. Chapin Hospital	Providence, R. I.	Ped., Psych.
Providence Lying-In Hospital	Providence, R. I.	Obst.
Rhode Island Hospital ★	Providence, R. I.	Anes., Card. Dis., Int. Med., Gyn., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Roger Williams General Hospital ★	Providence, R. I.	Rad.
Veterans Admin. Hospital	Providence, R. I.	Int. Med.
Emma Pendleton Bradley Home	Riverside, R. I.	Psych.
Roper Hospital ★	Charleston, S. C.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Columbia Hospital ★	Columbia, S. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Rad.
Veterans Admin Hospital	Columbia, S. C.	Int. Med., Ortho. Surg., Rad., Surg., Urol.
Greenville General Hospital ★	Greenville, S. C.	Gen'l Pract., Ob.-Gyn., Ortho. Surg., Path.
Shriners Hospital for Crippled Children	Greenville, S. C.	Ortho. Surg.
Orangeburg Regional Hospital ★	Orangeburg, S. C.	Urol.
Spartanburg General Hospital ★	Spartanburg, S. C.	Gen'l Pract., Rad.
Sacred Heart Hospital ★	Yankton, S. D.	Gen'l Pract.
Baroness Erlanger Hospital ★	Chattanooga, Tenn.	Anes., Int. Med., Obst., Ortho. Surg., Path., Surg.
Memorial Hospital	Chattanooga, Tenn.	Int. Med., Ob.-Gyn.
Newell Hospital	Chattanooga, Tenn.	Surg.
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	Ped.
Knoxville General Hospital ★	Knoxville, Tenn.	Int. Med., Ob.-Gyn., Ped., Surg.
St. Mary's Memorial Hospital ★	Knoxville, Tenn.	Gen'l Pract., Int. Med., Ortho. Surg., Path.
Madison Rural Hospital and Sanitarium	Madison College, Tenn.	Gen'l Pract.
Baptist Memorial Hospital ★	Memphis, Tenn.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Campbell Clinic Hospital	Memphis, Tenn.	Ortho. Surg.
Gailor Memorial Psychiatric Hospital	Memphis, Tenn.	Psych.
City of Memphis Hospital ★	Memphis, Tenn.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Memphis Eye, Ear, Nose and Throat Hospital	Memphis, Tenn.	Ophth.
Methodist Hospital ★	Memphis, Tenn.	Obst., Path., Ped., Rad., Surg.
St. Joseph's Hospital ★	Memphis, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Veterans Admin. Hospital	Memphis, Tenn.	Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
George W. Hubbard Hospital of Meharry Medical College ★	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Mid State Baptist Hospital ★	Nashville, Tenn.	Obst., Surg.
St. Thomas Hospital ★	Nashville, Tenn.	Int. Med., Obst., Ped., Surg.
Vanderbilt University Hospitals		
Nashville General Hospital ★	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Surg., Urol.
Vanderbilt University Hospital ★	Nashville, Tenn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital ★	Nashville, Tenn.	Int. Med., Path., Psych., Rad., Surg.
Oak Ridge Institute of Nuclear Studies	Oak Ridge, Tenn.	Int. Med.
Oakville Memorial Sanatorium	Oakville, Tenn.	Pul. Dis.
Brackenridge Hospital ★	Austin, Texas	Gen'l Pract., Ob.-Gyn., Path., Surg.
Baylor University Hospital ★	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Thor. Surg.
Beverly Hills Clinic and Sanitarium	Dallas, Texas	Psych.
Children's Medical Center	Dallas, Texas	Ped.
Gaston Hospital	Dallas, Texas	Surg.
Methodist Hospital ★	Dallas, Texas	Int. Med., Ob.-Gyn., Rad., Surg.
Parkland Hospital ★	Dallas, Texas	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Paul's Hospital ★	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Ped., Rad.
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	Ortho. Surg.
Timberlawn Sanitarium	Dallas, Texas	Psych.
Veterans Admin. Hospital ★	Dallas, Texas	Int. Med., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Woodlawn Hospital	Dallas, Texas	Pul. Dis.
Hotel Dieu, Sisters Hospital	El Paso, Texas	Obst.
William Beaumont Army Hospital ★	El Paso, Texas	Int. Med., Surg.
All Saints Hospital	Fort Worth, Texas	Gen'l Pract.
City-County Hospital ★	Fort Worth, Texas	Gen'l Pract.
Harris Hospital ★	Fort Worth, Texas	Anes., Int. Med., Ob.-Gyn., Path., Surg.
St. Joseph Hospital ★	Fort Worth, Texas	Gen'l Pract.
St. Mary's Hospital	Galveston, Texas	Gen'l Pract.
University of Texas Medical Branch Hospitals ★	Galveston, Texas	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Hermann Hospital ★	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jefferson Davis Hospital ★	Houston, Texas	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Surg., Urol.
M. D. Anderson Hospital for Cancer Research	Houston, Texas	Gyn., Int. Med., Mal. Dis., Path., Rad., Surg.
Methodist Hospital ★	Houston, Texas	Int. Med., Neuro. Surg., Ob.-Gyn., Rad., Surg.
St. Joseph's Hospital ★	Houston, Texas	Obst., Ortho. Surg., Path., Rad., Surg., Urol.
Southern Pacific Hospital	Houston, Texas	Int. Med., Surg.
Veterans Admin. Hospital ★	Houston, Texas	Anes., Int. Med., Neur., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Surg., Urol.
Veterans Admin. Hospital ★	McKinney, Texas	Anes., Int. Med., Ophth., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Shannon West Texas Memorial Hospital	San Angelo, Texas	Gen'l Pract.
Baptist Memorial Hospital ★	San Antonio, Texas	Gen'l Pract., Ob.-Gyn., Path., Rad.
Brooke Army Hospital ★	San Antonio, Texas	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med. Rehab., Rad., Surg., Urol.
Robert B. Green Memorial Hospital ★	San Antonio, Texas	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Santa Rosa Hospital ★	San Antonio, Texas	Int. Med., Path., Ped., Rad
U. S. Air Force Hospital	San Antonio, Texas	Anes., Int. Med., Ortho. Surg., Surg.

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Name of Hospital	Location	Approved Residencies
Kings Daughters Hospital ★	Temple, Texas	Gen'l Pract.
Scott and White Memorial Hospital ★	Temple, Texas	Int. Med., Ortho. Surg., Rad., Surg.
Veterans Admin. Hospital	Waco, Texas	Psych.
U. S. Air Force Hospital	Wichita Falls, Texas	Surg.
Wichita Falls Clinic-Hospital ★	Wichita Falls, Texas	Int. Med., Rad., Surg., Urol.
Wichita General Hospital	Wichita Falls, Texas	Gen'l Pract.
St. Benedict's Hospital ★	Ogden, Utah	Path.
Thomas D. Dee Memorial Hospital ★	Ogden, Utah	Int. Med., Ob.-Gyn., Surg.
Dr. W. H. Groves Latter-Day Saints Hospital ★	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Path., Surg.
Holy Cross Hospital ★	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Path., Surg.
Primary Children's Hospital	Salt Lake City, Utah	Ortho. Surg.
St. Mark's Hospital ★	Salt Lake City, Utah	Surg.
Salt Lake County General Hospital ★	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Surg.
Shriners Hospital for Crippled Children	Salt Lake City, Utah	Ortho. Surg.
Veterans Admin. Hospital ★	Salt Lake City, Utah	Int. Med., Ortho. Surg., Path., Surg.
Brattleboro Retreat	Brattleboro, Vt	Psych.
Bishop Decoesbriand Hospital ★	Burlington, Vt	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mary Fletcher Hospital ★	Burlington, Vt	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Vermont State Hospital	Waterbury, Vt	Psych.
Veterans Admin. Hospital	White River Junction, Vt	Anes., Int. Med., Neuro. Surg., Plas. Surg., Rad., Surg., Urol.
Alexandria Hospital ★	Alexandria, Va	Int. Med., Obst., Surg.
Arlington Hospital	Arlington, Va	Obst.
Blue Ridge Sanatorium	Charlottesville, Va	Pul. Dis.
University of Virginia Hospital ★	Charlottesville, Va	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Chesapeake & Ohio Railway Employees Hospital ★	Clifton Forge, Va	Int. Med., Surg.
Memorial Hospital ★	Danville, Va	Path.
U. S. Army Hospital	Fort Belvoir, Va	Surg.
Lynchburg General Hospital ★	Lynchburg, Va	Path.
Mary Immaculate Hospital ★	Newport News, Va	Surg.
Riverside Hospital ★	Newport News, Va	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
De Paul Hospital ★	Norfolk, Va	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Norfolk General Hospital ★	Norfolk, Va	Int. Med., Ob.-Gyn., Path., Rad., Surg.
U. S. Naval Hospital ★	Portsmouth, Va	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Psych., Surg.
Crippled Children's Hospital	Richmond, Va	Ortho. Surg.
Johnston-Willis Hospital ★	Richmond, Va	Int. Med., Obst., Surg.
Medical College of Virginia—Hospital Division ★	Richmond, Va	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Retreat for the Sick	Richmond, Va	Gen'l Pract.
St. Elizabeth Hospital	Richmond, Va	Surg.
Sheltering Arms Hospital	Richmond, Va	Gen'l Pract.
Veterans Admin. Hospital ★	Richmond, Va	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va	Ophth., Otol.
Jefferson Hospital ★	Roanoke, Va	Int. Med., Surg.
Lewis-Gale Hospital ★	Roanoke, Va	Int. Med., Surg.
Veterans Admin. Hospital	Roanoke, Va	Psych.
Eastern State Hospital	Williamsburg, Va	Psych.
Madigan Army Hospital ★	Fort Lewis, Wash	Int. Med., Surg.
Western State Hospital ★	Fort Steilacoom, Wash	Psych.
Eastern State Hospital	Medical Lake, Wash	Psych.
Children's Orthopedic Hospital	Seattle, Wash	Ortho. Surg., Ped., Surg.
Doctors Hospital ★	Seattle, Wash	Int. Med., Ob.-Gyn., Path., Surg.
Firland Sanatorium	Seattle, Wash	Pul. Dis., Thor. Surg.
King County Hospital Unit No. 1, (Harborview) ★	Seattle, Wash	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Surg.
Maynard Hospital	Seattle, Wash	Gen'l Pract.
Pinel Foundation	Seattle, Wash	Psych.
Providence Hospital ★	Seattle, Wash	Gen'l Pract., Int. Med., Ortho. Surg., Path., Surg.
Swedish Hospital ★	Seattle, Wash	Int. Med., Ob.-Gyn., Path., Rad., Surg.
U. S. Public Health Service Hospital ★	Seattle, Wash	Int. Med., Ophth., Path., Surg.
Veterans Admin. Hospital ★	Seattle, Wash	Int. Med., Path., Psych., Surg.
Virginia Mason Hospital ★	Seattle, Wash	Anes., Int. Med., Obst., Rad., Surg.
Deaconess Hospital ★	Spokane, Wash	Int. Med., Path.
Sacred Heart Hospital ★	Spokane, Wash	Gen'l Pract., Path., Rad.
St. Luke's Hospital ★	Spokane, Wash	Int. Med., Ob.-Gyn., Path., Surg.
Shriners Hospital for Crippled Children	Spokane, Wash	Ortho. Surg.
St. Joseph Hospital ★	Tacoma, Wash	Path.
Tacoma General Hospital ★	Tacoma, Wash	Anes., Path.
Northern Permanente Foundation	Vancouver, Wash	Int. Med.
Beckley Hospital	Beckley, W. Va	Surg.
Bluefield Sanitarium ★	Bluefield, W. Va	Gen'l Pract.
Charleston General Hospital ★	Charleston, W. Va	Int. Med., Ortho. Surg., Path., Surg.
Kanawha Valley Hospital ★	Charleston, W. Va	Gen'l Pract., Surg.
Memorial Hospital ★	Charleston, W. Va	Gen'l Pract., Int. Med., Ob.-Gyn., Ped., Surg.
Chesapeake & Ohio Hospital	Huntington, W. Va	Int. Med., Surg.
St. Mary's Hospital ★	Huntington, W. Va	Int. Med., Obst., Ortho. Surg., Surg., Urol.
Veterans Admin. Hospital	Martinsburg, W. Va	Int. Med., Surg., Thor. Surg.
Morris Memorial Hospital for Children	Milton, W. Va	Ortho. Surg.
Laird Memorial Hospital	Montgomery, W. Va	Surg.
St. Joseph's Hospital ★	Parkersburg, W. Va	Path., Surg.
Myers Clinic Hospital	Philippi, W. Va	Surg.
Ohio Valley General Hospital ★	Wheeling, W. Va	Anes., Gen'l Pract., Int. Med., Path., Surg.
Mercy Hospital ★	Appleton, Wis	Surg.
La Crosse Lutheran Hospital ★	La Crosse, Wis	Int. Med., Surg., Urol.
Madison General Hospital ★	Madison, Wis	Int. Med., Path., Surg., Urol.
Methodist Hospital ★	Madison, Wis	Rad., Surg.
St. Mary's Hospital ★	Madison, Wis	Int. Med.
University Hospitals	Madison, Wis	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Madison, Wis	Pul. Dis.
St. Joseph's Hospital ★	Marshfield, Wis	Int. Med., Path., Rad.
Columbia Hospital ★	Milwaukee, Wis	Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Evangelical Deaconess Hospital ★	Milwaukee, Wis	Gen'l Pract., Rad., Surg.
Milwaukee Children's Hospital ★	Milwaukee, Wis	Ortho. Surg., Ped., Surg.
Milwaukee County Hospital ★	Milwaukee, Wis	Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Proct., Rad., Surg., Urol.
Milwaukee County Hospital for Mental Diseases	Milwaukee, Wis	Psych.
Milwaukee Hospital ★	Milwaukee, Wis	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Sinai Hospital ★	Milwaukee, Wis	Int. Med., Ob.-Gyn.
Muirdale Sanatorium	Milwaukee, Wis	Pul. Dis., Thor. Surg.
St. Joseph's Hospital ★	Milwaukee, Wis	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital ★	Milwaukee, Wis	Ob.-Gyn., Surg.
St. Mary's Hospital ★	Milwaukee, Wis	Ob.-Gyn., Path.
St. Michael's Hospital ★	Milwaukee, Wis	Gen'l Pract.
Veterans Admin. Hospital	Milwaukee, Wis	Anes., Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Wisconsin State Sanatorium	Statesan, Wis	Pul. Dis.

★ Indicates hospitals approved for training interns.

Name of Hospital	Location	Approved Residencies
Milwaukee Sanatorium	Wauwatosa, Wis.	Psych.
Kapiolani Maternity and Gynecological Hospital	Honolulu, T. H.	Ob.-Gyn.
Kauikoelani Children's Hospital	Honolulu, T. H.	Ped.
Lenhi Hospital	Honolulu, T. H.	Pul. Dis., Thor. Surg.
Queen's Hospital ★	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path., Psych., Rad., Surg.
St. Francis Hospital ★	Honolulu, T. H.	Ob.-Gyn.
Shriners Hospital for Crippled Children	Honolulu, T. H.	Ortho. Surg.
Tripler Army Hospital ★	Honolulu, T. H.	Int. Med., Ob.-Gyn., Rad., Surg., Urol.
Territorial Hospital	Kaneohe, Oahu, T. H.	Psych.
Bayamon District Hospital ★	Bayamon, P. R.	Ped., Surg.
San Juan City Hospital ★	San Juan, P. R.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Veterans Admin. Hospital	San Juan, P. R.	Int. Med., Surg.
Gorgas Hospital ★	Ancon, C. Z.	Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg.

★ Indicates hospitals approved for training interns.

GRADUATE TRAINING PROGRAMS

Acceptable by the American Board of Psychiatry and Neurology Until July 1, 1956

The Council on Medical Education and Hospitals has limited its approval of programs for graduate training to those offered in connection with general or special hospitals. The following information is published, however, at the request of the American Board of Psychiatry and Neurology to indicate the availability of a special type of training which is acceptable to the board and carries full credit toward certification by that board. The board has announced, however, that after July 1, 1956, credit for training in child psychiatry will be granted when such training is integrated with and contributory to an approved residency program. Independent approval of child guidance centers by the American Board of Psychiatry and Neurology will be terminated as of that date.

REQUIREMENTS FOR ACCEPTANCE

In order to facilitate the arrangements for training in child psychiatry (which constitutes a major aspect of modern psychiatry), the American Board of Psychiatry and Neurology will accept one year of training in psychiatric clinics for children which may or may not be a part of a hospital approved for residency training, provided such a clinic gives adequate supervision and instruction for full time training during the entire third year of the required three year formal training period. For the purpose of evaluating such clinics, the following conditions and criteria are deemed essential by the American Board of Psychiatry and Neurology:

1. That the clinic have a full time medical director, psychologist, and social worker qualified by training and experience in child psychiatry and allied fields to supervise the training of residents.

2. That the major portion of such training be devoted to therapy adequately supervised by this qualified staff.

3. That the service and teaching activities of the clinic be integrated with those of the community and its social agencies.

4. That clinic work be supplemented by seminars, case conferences, journal clubs or other opportunities for the discussion of the basic principles involved in outpatient work with children and parents, teacher, public health and welfare agency personnel.

5. That such a training clinic be well established in the community with a qualified staff that has operated together long enough as a team to insure stable and sound functioning.

6. That the senior members of the clinic team show evidence of previous experience in the teaching of psychiatry in general, child psychiatry in particular, and their allied fields.

These criteria set forth by the Board pertain more particularly to community sponsored clinics offering full time training in child psychiatry during the third year of formal residency training. If these clinics are affiliated with hospitals already maintaining approved programs, separate approval is not required unless warranted on the basis of their meeting all requirements for straight fellowship training in child psychiatry.

The following clinics are acceptable to the American Board of Psychiatry and Neurology as qualifying under these provisions until July 1, 1956.

Center	Director
Pasadena Child Guidance Clinic 40 E. Dayton Central Park Pasadena 2, Calif.	Dr. M. B. Durfee
Children's Psychiatric Division Langley Porter Clinic San Francisco	Dr. Stanislaus Szurek
Clifford W. Beers Guidance Clinic 432 Temple Street New Haven 11, Conn.	Dr. William B. Curtis
Institute for Juvenile Research 907 S. Wolcott Ave. Chicago	Dr. Julius B. Richmond
Louisville Mental Hygiene Clinic and Child Study School 610 S. Floyd Street Louisville, Ky.	Dr. Spafford Ackerly
The Guidance Center 1737 Prytania Street New Orleans	Dr. Jack E. Chappuis, Acting Director
The Psychiatric Clinic of the Mental Hygiene Society of Maryland Baltimore	Dr. H. Whitman Newell
Douglas A. Thom Clinic for Children, Inc. 315 Dartmouth Street Boston	Dr. Eveoleen N. Rexford
Judge Baker Guidance Center 38 Beacon Street Boston	Dr. George E. Gardner
Children's Center 244 Townsend Street Roxbury, Mass.	Dr. Marian Putnam and Mrs. Beata Rank, Co-directors
Worcester Child Guidance Clinic 2 State Street Worcester 5, Mass.	Dr. Joseph Weinreb
Amherst H. Wilder Clinic 279 Rice Street St. Paul	Dr. Hyman S. Lippman
Jewish Board of Guardians 228 East 19th Street New York 3	Dr. Joachim Flescher
Central Clinic Cincinnati General Hospital Cincinnati	Dr. Maurice Levine
Cleveland Guidance Center 2525 Euclid Avenue Cleveland	Dr. Claire M. Ness
Child Guidance Clinic 1711 Fitzwater Street Philadelphia 46	Dr. Frederick H. Allen
Pittsburgh Child Guidance Clinic 3004 Victoria Street Pittsburgh 13	Dr. Harry M. Little
Children's Service Center of Wyoming Valley 335 South Franklin Street Wilkes-Barre, Pa.	Dr. J. Franklin Robinson
The Children's Service Center of Charlottesville and Albemarle County, Inc. 116 14th Street, N.W. Charlottesville, Va.	Dr. Frank J. Curran

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APPROVED EXAMINING BOARDS IN MEDICAL SPECIALTIES

ADVISORY BOARD FOR MEDICAL SPECIALTIES

B. R. KIRKLIN, Secretary-Treasurer
Rochester, Minn.

The Advisory Board for Medical Specialties was organized in 1933-1934 to coordinate graduate medical education and certification of medical specialists in the United States and Canada. A few specialty boards had been functioning actively and successfully for a number of years prior to the organization of the Advisory Board for Medical Specialties. Their purposes were, primarily, to establish minimum standards of graduate education and training requirements for physicians representing themselves to the public as being specialists, with certification by the boards of candidates after they had been able successfully to pass the boards' examinations. Secondarily, these boards hoped to improve the general standards of graduate medical education and facilities for special training.

It was soon recognized that some formal and official plan of organization must be established. It was clearly essential that an examining board must have the official sanction of the national societies in its given specialty as well as that of its section of the American Medical Association, but there was, at that time, nothing to prevent unofficial groups from organizing examining boards and using the title American board. In order to avoid duplication of effort as well as to coordinate the work of the several boards and other interested groups into a concise and homogeneous plan for betterment, it was deemed advisable to create an advisory board that should give consideration to those problems common to all and that should be representative of all organizations concerned.

The Advisory Board is composed of two representatives from each of the approved examining boards in the medical specialties and such other national organizations as are interested in the education, examination, and certification of medical specialists. These representatives are duly elected to this body.

The number of organizations comprising the Advisory Board for Medical Specialties remains the same; namely, 18 Specialty Boards and 4 other organizations interested in graduate medical education. The total voting membership is still 44. The organizations and their representatives are as follows:

Association of American Medical Colleges
WILLIAM S. MIDDLETON — STANLEY E. DORST *

The American Hospital Association
FRANK R. BRADLEY — ROBIN C. BUERKI *

The Federation of State Medical Boards of the U. S. A.
CREIGHTON BARKER — WALTER L. BIERRING *

The National Board of Medical Examiners
J. STEWART RODMAN — ROBERT W. KEETON *

The American Board of Ophthalmology
DERRICK VAIL — EDWIN P. DUNPHY *

The American Board of Otolaryngology
LEROY A. SCHALL — DEAN M. LIERLE *

The American Board of Obstetrics and Gynecology
HERBERT E. SCHMITZ — ROBERT L. FAULKNER *

The American Board of Dermatology and Syphilology
DONALD M. PILLSBURY — GEORGE M. LEWIS *

The American Board of Pediatrics
LEE FORREST HILL — JOHN MCK. MITCHELL *

The American Board of Psychiatry and Neurology
FRANCIS GERTY — ROLAND P. MACKAY

The American Board of Radiology
DOUGLAS QUICK — B. R. KIRKLIN *

The American Board of Orthopedic Surgery
CLARENCE H. HEYMAN — HAROLD A. SOFIELD *

The American Board of Urology
GILBERT J. THOMAS — HARRY CULVER *

The American Board of Internal Medicine
WALTER L. PALMER — HENRY M. THOMAS JR. *

The American Board of Pathology
ROBERT A. MOORE — WILLIAM B. WARTMAN *

The American Board of Surgery
WARREN H. COLE — JOHN B. FLICK *

The American Board of Anesthesiology
R. J. WHITACRE — CURTISS B. HICKCOX *

The American Board of Plastic Surgery
BRADFORD CANNON — WILLIAM A. HAMM *

The American Board of Neurological Surgery
FRANCIS GRANT — LEONARD T. FURLOW *

The American Board of Physical Medicine and Rehabilitation
ROBERT L. BENNETT — EARL C. ELKINS *

The American Board of Preventive Medicine
WILLIAM P. SHEPARD — ERNEST L. STEBBINS *

The American Board of Proctology
WALTER A. FAUSLER — LOUIS A. BUIE *

Officers and Committees—1953

ROBERT A. MOORE, American Board of Pathology, President.
WARREN H. COLE, American Board of Surgery, Vice President.
B. R. KIRKLIN, American Board of Radiology, Secretary-Treasurer

MEMBERS OF THE EXECUTIVE COMMITTEE
Term to expire in 1954: WALTER L. PALMER, American Board of Internal Medicine
Term to expire in 1955: ROBIN C. BUERKI, American Hospital Association

COMMITTEE ON STANDARDS AND EXAMINATIONS
ROBERT L. FAULKNER, American Board of Obstetrics and Gynecology, Chairman
HAROLD A. SOFIELD, American Board of Orthopedic Surgery
LOUIS A. BUIE, American Board of Proctology

COMMITTEE ON AUDIT AND FINANCE
FRANCIS GERTY, American Board of Psychiatry and Neurology, Chairman
WALTER L. PALMER, American Board of Internal Medicine

REPRESENTATIVES ON ADVISORY COUNCIL ON MEDICAL EDUCATION
WARREN H. COLE, American Board of Surgery
ERNEST L. STEBBINS, American Board of Preventive Medicine

* Corresponding member.

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies and fellowships under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Two boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy. Certification in the primary field is a requirement for certification in the subspecialties. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by five boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in pathologic anatomy, clinical pathology, a combination of these two fields, pathologic anatomy and clinical microbiology, clinical microbiology and clinical chemistry, clinical bacteriology, neuropathology, and clinical microbiology. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neurology, or a combined certificate for those qualified in both fields. This board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, therapeutic roentgenology, diagnostic roentgenology, radium therapy, radiological physics, x-ray and radium physics, and medical nuclear physics.

Each of the boards has published a booklet containing a list of its officers and a brief statement of its organization, purposes, and the qualifications that determine eligibility for certification. A summary of the current data pertaining to each board and the names of its officers are reproduced in the following pages.

There is included in this section a specific statement from each of the boards regarding allowances of credit for service in the armed forces during the present emergency. A résumé of medical education and national defense was published in the Education Number of THE JOURNAL.[1]

Table 1 contains a list of the approved specialty boards, the year of their activation, the number of certificates issued prior to July 1, 1952, and the total number of candidates certified to June 30, 1953. Figures are also given in these two categories showing the numbers certified in the subspecialties and finally the available figures pertaining to special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, psychiatry and neurology, and radiology.

On July 1, 1952, there were 48,464 physicians certified by the 19 boards. During the year July 1, 1952, to June 30, 1953, a total of 4,022 certificates were issued. Up to this latter date 52,486 physicians have been certified.

On July 1, 1952, a total of 1,255 certificates in subspecialties had been awarded. An additional 53 were awarded in the ensuing year, bringing the total number of certificates issued in the subspecialties to 1,308 on June 30, 1953. Prior to July 1, 1952, the five boards mentioned had issued 9,005 special certificates. During the year ending June 30, 1953, 843 special certificates were issued, bringing the total number awarded to that date to 9,848.

The number of specialists certified each year during the past 14 years by all boards and the cumulative totals are recorded in table 2. Up to June 30, 1953, a total of 52,486 certificates were issued. This does not represent the number of living specialists, but the total number of certificates issued.

The sixth edition of the "Directory of Medical Specialists," compiled by the Advisory Board for Medical Specialties, published in 1953 by the A. N. Marquis Company, Chicago, contains biographic information on the educational background of each living specialist, including those retired from practice, certified by an American board.

CREDIT FOR MILITARY SERVICE

At the suggestion of the Joint Committee on Medical Education in Time of National Emergency, the Advisory Board for Medical Specialties conducted a survey to determine the amount of credit for service in the armed forces during the present emergency that would be given toward specialty board certification. The inquiry addressed to the boards contained the following questions:

Will your specialty board give preference to those candidates wishing to be examined before going overseas or entering military service?

How much, if any, credit toward your training and/or experience requirements will your board allow candidates while in military service?

1. Medical Education in the United States and Canada, J. A. M. A. 152: 105 (Sept. 12) 1953.

TABLE 1.—*Approved Examining Boards in Medical Specialties*

Key No.	Name of Board	Year of Activation	Total Certificates Awarded to July 1, 1952	Total Certificates Awarded to June 30, 1953
1.	American Board of Pediatrics	1933	4,076	4,529
2.	American Board of Psychiatry and Neurology	1934	4,339	4,646
3.	American Board of Orthopedic Surgery	1934	2,013	2,207
4.	American Board of Dermatology and Syphilology	1932	1,455	1,512
5.	American Board of Radiology	1934	4,029	4,341
6.	American Board of Urology	1935	1,686	1,809
7.	American Board of Obstetrics and Gynecology	1930	3,624	3,908
8.	American Board of Internal Medicine	1936	7,725	8,404
9.	American Board of Pathology	1936	2,279	2,494
10.	American Board of Ophthalmology	1917	3,596	3,880
11.	American Board of Otolaryngology	1924	4,814	4,964
12.	American Board of Surgery	1937	5,569	6,158
13.	American Board of Anesthesiology	1937	902	1,023
14.	American Board of Plastic Surgery	1937	253	275
15.	American Board of Neurological Surgery	1940	431	488
16.	American Board of Physical Medicine and Rehabilitation	1947	211	239
17.	American Board of Preventive Medicine	1948	1,011	1,068
18.	American Board of Proctology	1949	121	144
19.	Board of Thoracic Surgery (An Affiliate of the American Board of Surgery)	1948	339 *	397 *
	Totals	....	48,464	52,486
Certification in Subspecialties				
	American Board of Internal Medicine			
	Allergy		135	144
	Cardiovascular Disease		492	509
	Gastroenterology		286	298
	Pulmonary Diseases		213	218
	Totals		1,126	1,169
	American Board of Pediatrics			
	Allergy		48	58
	American Board of Surgery			
	Proctology		81 †	81 †
	Totals		1,255	1,308
Special Certification				
	American Board of Obstetrics and Gynecology			
	Obstetrics		3	9
	Gynecology		4	6
	American Board of Otolaryngology			
	Endoscopy		3	4
	American Board of Pathology			
	Pathologic Anatomy		364	516
	Clinical Pathology		170	211
	Pathologic Anatomy and Clinical Pathology		84	103
	Pathologic Anatomy and Clinical Microbiology		1	1
	Clinical Microbiology and Clinical Chemistry		3	3
	Clinical Bacteriology		2	2
	Neuropathology		3	5
	Clinical Microbiology		..	1
	Totals		637	861
	American Board of Psychiatry and Neurology			
	Psychiatry		3,120	3,402
	Neurology		282	298
	Psychiatry and Neurology		937	946
	Totals		4,339	4,646
	American Board of Radiology			
	Radiology		2,490	2,758
	Roentgenology		870	892
	Diagnostic Roentgenology		466	477
	Therapeutic Radiology		149	151
	Therapeutic Roentgenology		5	5
	Radium Therapy		5	5
	Radiological Physics		26	34
	X-Ray and Radium Physics		14	15
	Medical Nucleae Physics		4	4
	Totals		4,029	4,341
	Totals		9,005	9,848

* Included in totals for American Board of Surgery.
† Independent board established in 1949.

In reply to the first question all boards answered in the affirmative. The specialty boards have not lowered their requirements because of the military emergency, but all boards have indicated they will grant some credit for military service. The specialty boards have indicated such allowances as follows:

Anesthesiology.—No formal training credit is granted for military service unless the physician is assigned to a service hospital with an approved residency training program. Practice time will, however, be granted for military service if the physician is assigned to the anesthesia service.

Dermatology and Syphilology.—Full-time dermatological military service may be credited in part, at the discretion of the board, toward the required three years of training, provided a significant portion of formal training was completed before entering military service. However, at least one year of the required three years' training, including instruction in the fundamental subjects deemed essential for an adequate dermatological education, must be spent in an institution approved for a three year training program by the board and the Council on Medical Education and Hospitals of the American Medical Association. Dermatological work not credited as training may satisfy part or all of the required two years' additional experience, the amount of credit depending on the circumstances.

TABLE 2.—*Annual Specialty Board Certification, 1940-1953*

Year (Ended March)	Number of Board in Existence	Number Certified	Cumulated Totals
1940	14	.....	15,853
1941	15	2,085	17,938
1942	15	1,756	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,002	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	4,552*	44,346
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486

* One board, the American Board of Proctology, did not certify any candidates during this period.

Internal Medicine.—Active duty subsequent to June 1, 1950, may be applied for not more than one year of residency or practice credit, regardless of assignment. Service beyond one year may only be applied as practice credit on the certification of former chiefs of service, unless the candidate served officially as a resident in a service approved for residency in internal medicine while there.

Neurological Surgery.—Credit will be allowed toward training requirement if candidate is assigned to neurological surgery in a military hospital; also, credit will be allowed for practice requirement if assigned to neurological surgery.

Obstetrics and Gynecology.—Credit will be given for time spent in an obstetric-gynecological service in an Army or a Navy hospital under supervision on the same basis as a preceptorship, if these departments are supervised by diplomates of the board or recognized obstetri-

cians-gynecologists. Full residency credit may be obtained if such hospital is approved for residency training. The board will review and give consideration to each individual case. Special request must be made for such credits.

Ophthalmology.—No stated credit. Each case is decided according to the time the candidate has spent assigned to a military hospital in ophthalmology and on other factors.

Orthopedic Surgery.—Up to one year of residency credit is given. Each case is determined on its own merits.

Otolaryngology.—Credit is given but each case is determined on its own merits.

Pathology.—Allows liberal credit toward training when assigned to department of pathology but candidates must first have had a minimum of one year residency in an approved civilian department of pathology.

Pediatrics.—One year of credit, regardless of assignment, towards two year practice requirement.

Physical Medicine and Rehabilitation.—Maximum of one year credit in related field; full credit if in the specialty.

Plastic Surgery.—Credit given on individual basis, considered on candidate's merits.

Preventive Medicine.—Credit for training and experience in public health or aviation medicine while in military service will be considered on an individual basis, depending on the type of service.

Proctology.—One year in fulfillment of either general surgical or proctologic requirements.

Psychiatry and Neurology.—Training and experience credit toward requirements for examination will be granted for military duty in the present emergency under certain conditions. This policy relates to active military medical duty since July 1, 1950. One year of training credit will be granted for one year spent in full time psychiatric and/or neurological duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full time psychiatric and/or neurological assignments. Double credit will not be granted for any single period of time.

Radiology.—Maximum of one year's credit if assigned to full time radiological duties.

Surgery.—If a candidate has served in a government hospital or hospitals fully approved for residency training, such training will be acceptable to the board. Military credit may be extended to those candidates who have served in nonapproved hospitals provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the board. Any credit extended in the latter category will be considered preceptorship credit and not residency credit.

Thoracic Surgery.—Credit for military service will be decided on an individual basis.

Urology.—No credit for training but credit for one year of practice requirement if training was complete when entering service.

Medical Officer's Professional Training Record.—The Surgeons General of the armed services have distributed a booklet prepared with the assistance of the Council and the Advisory Board for Medical Specialties which is designed to help prospective candidates for certification to maintain an accurate account of work done in the military service. This record will constitute part of the credentials to be submitted to the board on application for certification. The booklet has been printed by the Office of the Secretary of Defense and is distributed by the offices of the Surgeons General to the personnel of their departments. It is highly important that prospective applicants obtain a copy of the "Medical Officer's Professional Training Record" and that they submit their credentials for evaluation by the respective specialty board.

AMERICAN BOARD OF ANESTHESIOLOGY

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CERTIFICATION

1. *Method of Making Application.*—Application for certification may be made after a physician has completed one year of approved training. Application must be made to the secretary on a form prescribed by the board, procured only on written request of the applicant, and must be filed at least six months prior to the date of examination.

The secretary cannot make any eligibility rulings. These are made only by the entire board on recommendation of the appropriate committees after reviewing the candidate's formal application.

2. *Requirements.*

A. Each applicant before he shall become eligible for certification in anesthesiology, must:

1. Have graduated from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association (graduates of foreign medical schools not recognized by this council will only be eligible to take the board examinations after they successfully pass or are eligible to take the examination given by the National Board of Medical Examiners), and have completed an internship of not less than one year in a hospital approved by the same Council, or its equivalent.

2. Establish in a manner satisfactory to the board that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of high ethical and professional standing.

(*c*) He has received adequate special training in anesthesiology.

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3. Submit proof to the board that he has limited his practice to anesthesiology as a specialty for five calendar years of which at least two have been in formal clinical training approved by the board, and that he intends to continue to limit his practice to anesthesiology.

4. Be a member in good standing in the American Medical Association, the state and local county medical society or comparable national medical society approved by this board. He must be a member in good standing of the American Society of Anesthesiologists, Inc.

5. Prove to the satisfaction of the board by such written, survey, oral and practical examinations as the board may prescribe that he is qualified to practice anesthesiology.

6. Personally prepare such case history abstracts of personally conducted procedures pertaining to anesthesiology as the board may specify.

B. Each applicant shall be classified for the purpose of examination and shall be examined in such a manner and under such rules as the board may prescribe.

3. *Examinations are conducted as follows:*

A. Written Examination: Eligible applicants may take this examination on completion of two years of clinical training approved by the board. Written examinations are held annually in approximately twelve locations throughout the United States on the third Friday in July. Written examinations are of the multiple choice type covering the following subjects: anatomy, chemistry and physics, pharmacology, pathology and physiology. A passing grade, as determined by the board, is required.

B. Survey Examination: Started in 1949 this examination is conducted by one or more diplomates of the board who visit the applicant in his own locality to observe him in the practice of anesthesiology. The examiner may interview other individuals in the community to determine whether the candidate is of high ethical and professional standing. This examination is conducted on completion of four years limited to anesthesiology (including two years of approved clinical training).

C. Oral Examination: On completion of a favorable survey examination and five years limitation of practice to anesthesiology an applicant is eligible to appear for oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in April and October. Examiners consist of directors of the board plus diplomates who assist as associate examiners. Oral examinations cover all phases of anesthesiology as do the written examinations; emphasis, however, is placed on clinical application.

D. Practical Examination: At the discretion of the board practical demonstrations may be required of the management of the candidate's clinical practice in his local surroundings. This may include inspection of clinical records, reports of departmental activities, library facilities, available apparatus and demonstrations of application of anesthetic agents, methods and all technics included in anesthesiology. The candidate will also be appraised as to whether he is of high ethical and moral standing in his community.

Applicants are entitled to three consecutive opportunities at yearly intervals to satisfactorily complete the written examination. This three year period begins on the date an applicant is first declared eligible for the written examination.

Applicants are entitled to no more than two survey examinations. Should the first survey report be declared unfavorable a candidate will not be permitted to appear for the oral examination until a favorable report is received. At least one year must elapse before a resurvey examination is given.

Oral examinations are given at six month intervals. An applicant is entitled to one oral examination each year for a three year period. In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for the oral examination. The three year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Applicants who fail to exercise the privilege of written or oral examination and/or who fail to pass any part of the written or oral examination within the three year periods will be required to file a new application under the current rules and regulations, pay a new application fee, and submit to both written and oral examination.

A fee of $15.00 will be charged for each reexamination for candidates who file application January 1, 1950 or later. The board may, however, at its discretion deny a candidate the privilege of reexamination.

The board reserves the right to limit the number of candidates to be admitted to any examination.

REAPPLICATIONS

Applicants whose original applications were declared void through failure to take the examination will be required to file a new application under the current rules and regulations, pay a new application fee, and submit to both written and oral examination. Applicants whose original applications were declared void through failure to pass the examination must submit proof of an additional year of approved training before their re-applications will be considered. This re-application will be considered under the current rules and regulations, and the applicant must pay a new application fee and submit to both written and oral examination.

FEE

The fee shall be $125. At least $50 shall be paid on filing the application, of which sum $35 shall be returned if the candidate is not accepted for examination. The remainder ($75) shall be paid before taking the examination.

The board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The board reserves the right to increase the fee when necessary.

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY

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PURPOSES

The board was established primarily to determine the competence of physicians who specialize in dermatology and syphilology. It has therefore established minimum standards of education and training, examines applicants and certifies properly qualified specialists in this field, prepares lists of those qualified and arranges for the publication of such lists. Because of its interest also in the fulfillment of these standards, the board has a keen interest in the development of adequate training facilities, investigates institutions and individuals planning to train specialists, and lends its aid to the approval of those institutions and individuals offering adequate training in the specialty. The board, in addition, will always be glad to advise physicians desiring to enter this special field of medicine.

The board assumes the responsibility of determining the standards of knowledge to be acquired, but upon the candidate rests the responsibility of acquiring the knowledge to fulfill these standards.

REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATION

I. General Requirements

1. High ethical and professional standing.

2. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

3. Satisfactory completion of an internship of not less than one year in a hospital approved by the same Council. During three years of the second World War, internships of nine months only were the rule. These were voted to fulfil the internship requirement. However, all internships completed on July 1, 1947 or thereafter must be of twelve months duration or longer.

4. A state license to practice medicine issued by endorsement of the certificate of the National Board of Medical Examiners or following examination.

5. Citizenship in the United States or citizenship—meaning native citizens—in Canada or Cuba.

II. Special Requirements

A period of study, after the internship, of not less than three years. One month or less in each of the three years may be spent as a vacation at the discretion of the chief of service. Vacations may not be postponed from one year to another, in other words, *they are not cumulative*. Candidates will not be eligible until three full years have elapsed since the beginning of training. This training may be obtained as resident, fellow or graduate student in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the American Board of Dermatology and Syphilology as competent to provide a satisfactory training in dermatology and syphilology. This period of specialized training shall include:

(*a*) At least 12 months in an institution approved for three year training (less one month for vacation).

(*b*) Graduate training in the basic medical sciences which are necessary for the proper understanding and treatment of the diseases involved in this specialty. This training is incorporated in the curriculum of the institutions approved for three years.

Instruction in the following fundamental subjects as related to the skin is deemed advisable by the board: embryology, histology, chemistry, physiology, bacteriology, mycology, parasitology, pathology, immunology, serology, pharmacology and materia medica, and physics of physical therapy.

(*c*) Carefully supervised clinical and laboratory experience in the specialty.

(*d*) Annual examinations or other appraisal by the chief of service in the clinical, laboratory and public health aspects of dermatology and syphilology.

Training must be completed within a span of five years.

CREDIT FOR MILITARY SERVICE

1. All students in training who have served as physicians in the Army, Navy, or U. S. Public Health Service may submit a supplementary application, obtainable from the executive secretary, for evaluation of possible credit towards experience. Since the amount of credit must be agreed upon by members of a committee living in different, often widely separated cities, several months may be required before a decision can be rendered. The student is then notified.

2. Full-time dermatologic military service may be credited in part, at the discretion of the board, toward the required three years of training, provided a significant portion of approved formal training had been completed before induction. However, at least one year of the required three years' training, including instruction in the fundamental subjects deemed essential for an adequate dermatologic education, must be spent in an institution approved for a three-year training program by the board and by the Council on Medical Education and Hospitals of the American Medical Association.

The board strongly urges that the candidate supplement his military experiences by a further period of systematic and supervised dermatologic training before the examination.

3. Dermatologic work in the armed forces not credited as training may satisfy part or all of the required two years' additional dermatologic experience, the amount of credit depending on the circumstances.

NOTE: The supplementary application is not obligatory, but if submitted it must be done *prior to or at the time of filing application for examination*. Supplementary applications will not be considered until the preliminary registration has been filed.

PRECEPTORSHIP TRAINING

Candidates may spend up to two years of their training under the direction of a diplomate of the board, who has also been approved as a preceptor by the board. Not more than one half of each training day may be spent in the office of the preceptor; during the other half day, supervised work must be performed in an approved institution. The program which the student follows must conform to a schedule which an approved preceptor files with the board. The preceptor and the chief of service of the institution which the candidate attends are jointly responsible for the training received by the student. Preceptorship training may be taken during any two of the years of training. Time spent with an instructor who has not been approved by the board may sometimes count as experience but not as training. A list of approved preceptors is available from the executive secretary.

PRECEPTORS

A dermatologist who wishes to be considered for the responsible position of preceptor must fulfill the following requirements: he must be (1) a diplomate of the board of at least 5 years' standing; (2) a recognized teacher; (3) an active member or professor emeritus of the dermatologic staff of an institution approved for training by the board; and (4) recommended as suitable by the chief of staff of that institution. He must be willing to submit regular reports of the student's training on forms supplied by the board.

In order to be considered by the board, a specialist so qualified should make application to the secretary. Forms will be supplied on which the physical equipment and other facilities of the office are detailed, and on which the proposed plan of instruction is outlined, including the required institutional training. The application will then be acted upon at the next meeting of the board.

The status of a preceptee is not to be confused with that of an office associate.

PRELIMINARY REGISTRATION

All students beginning graduate training should write for the booklet of information, with whose contents they are expected to make themselves familiar, and for the preliminary registration form which must be filled out in detail and filed with the board at that time, even though plans may not be complete. This will enable the board to detect any deficiencies in basic qualifications or in the contemplated plan of training. No fee is involved.

ESTIMATES OF STATUS

Many candidates write the secretary outlining their training and asking for an estimate of their status and the further training required. The board's requirements are published to provide this information, and any candidate should be able to estimate his eligibility after studying these requirements. Individual officers or members of the board cannot and will not make such estimates. They will be made only by the Committee on Requirements, upon submission of the application for examination and the payment of the $25 registration fee which must accompany it. Personal interviews with officers of the board should not be requested at any time.

APPLICATION FOR EXAMINATION

In order that the Committee on Requirements may appraise carefully the qualifications of candidates, application must be made on the special blank, which may be obtained from the executive secretary. Applications should be filed early in order

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to obtain full advantage of the loan sets of histopathologic slides available from the Armed Forces Institute of Pathology in Washington.

Applications must be filed before the closing date regularly published in the Examinations and Licensure section of THE JOURNAL. Dates of examinations are also published here. The completed application should be sent to the executive secretary, together with the required photographs and a *registration* fee of $25, which will not be refunded under any circumstances. No application will be considered until this fee is received. An *examination* fee of $75 is payable when the candidate is notified that his application is acceptable to the board. The total fee of $100 has been carefully computed and is used entirely for administrative purposes. Members for the board do not receive any compensation except for actual expenses connected with holding the examinations.

Make checks payable to American Board of Dermatology and Syphilology, Inc.

EXAMINATIONS

All applicants are now required to take and pass a written examination before they are eligible for the oral test, in whole or in part. The written examination on clinical, basic science and laboratory subjects will be held simultaneously at stated intervals in different parts of the country, approximately two months before the oral examination.

All applicants are also required to pass an oral, clinical and laboratory examination. This examination will be conducted in a clinic or hospital, where individual cases and clinical dermatology will be discussed with each candidate, as well as various subjects related to the skin such as histopathology, mycology, allergy and physics of physical therapy. The board reserves the right to add to this list other subjects within the field of dermatology and syphilology.

A candidate for a certificate may take his examination the next time it is given after he has completed three full years of training in the specialty, provided he makes application before the quota for that session is filled; this provision does not affect the regulations about the issuance of the certificate. (See Certificates.)

Examinations are designed to test the candidate's fitness to practice dermatology and syphilology as a specialty. The board will try especially to ascertain the breadth of his knowledge in the basic, as well as the clinical aspects of cutaneous medicine, to test his familiarity with the recent literature of dermatology and syphilology and to ascertain his general qualifications as a specialist in this branch of medicine.

Candidates who have signified their intention of taking the examination and who fail to appear at the scheduled time or who cancel their appointment after the sending of the final notice, shall forfeit the fee for the examination.

Except in special circumstances, applicants shall take the examination within the year following the filing of application and the deposit of the fee.

The board's records are confidential throughout. Examination marks will not be divulged to the applicant or to anyone else. The findings of the board are subject to its discretion and are final. Examination will be given only on this understanding.

REEXAMINATIONS

If the candidate fails or is conditioned in an examination he will be considered eligible for a second examination without further formal application, but must give at least 60 days' notice of his wish to do so. His acceptance for a particular examination will be dependent on the number of candidates already on the roster. As the cost of examining a candidate is approximately the same each time, whether the whole or only a part of the examination is taken, a reexamination fee of $50 will be charged. After a second failure to complete the examination successfully, the candidate must file a new application and pay the initial examination fee of $75.

If a candidate who has failed or been conditioned does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75 before he can be reexamined.

After Dec. 31, 1953, if a candidate has failed to complete successfully all or part of the examination on two occasions, he will be required to submit proof of at least six months' additional training in an institution approved for three years before being eligible for further examination.

CERTIFICATES

A certificate will not be issued until the successful candidate has completed at least five years of dermatologic training and experience. The granting of this certificate by the board indicates that the holder of the certificate has had adequate training in dermatology and syphilology and has successfully fulfilled the requirements of the board.

Certificates will be issued only to members of the American Medical Association or to members of a similar society recognized as having the same purpose. A candidate does not become a diplomate until this requirement has been fulfilled.

Medical schools, hospitals, physicians, the Army, the Navy, the Public Health Service, and various government and philanthropic agencies, as well as the lay public, all utilize the certificate from this board as proof of adequate preparation in the field of dermatology and syphilology and of fitness of candidates for positions under their control. For this purpose, lists of those holding certificates from the board are available for inspection and are published from time to time in the Directory of Medical Specialists. Diplomates are identified in the Directory of the American Medical Association.

A certificate granted by this board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice dermatology or syphilology. The board does not intend to limit or interfere with the professional activity of any duly licensed physician. Its aim is to raise the standards of practice of dermatology and syphilology by encouraging improvement in the opportunities for and quality of training for specialists in this field of medicine, and to certify as specialists those who voluntarily comply with the requirements of the board.

Certificates will be issued only to physicians practicing in the United States and its possessions, in Canada and in Cuba.

A diplomate is required to confine his practice to dermatology and syphilology except for such emergency programs as have been approved in principle by the American Medical Association.

The names of all diplomates of the American Board of Dermatology and Syphilology are supplied promptly to the Directory of Medical Specialists, published by the A. N. Marquis Company, 210 East Ohio Street, Chicago, Ill.

ADVERTISING

It is not considered good form for a diplomate to advertise to the lay public the board's recognition of his training and ability. He should not use commercial methods and avenues. It is proper to include a statement or phrase such as "Diplomate of the American Board of Dermatology and Syphilology" in sending out announcement cards when opening an office or in inserts after the author's name in a medical publication when the association with a hospital, medical school, or medical society is also mentioned. If the diplomate is in doubt, it would be well to consult the board before placing his good name in jeopardy.

PUBLICATIONS OF THE BOARD

1. Booklet of Information. All candidates should request a copy and be familiar with its contents.

2. Booklet of Opportunities for Prospective Graduate Students, containing details of the training programs in the approved institutions. (Latest edition—1948.) A check or money order for $1.00 should accompany request for a copy. Please do not send stamps.

3. Syllabus of Graduate Training (presently out of print, but in process of revision).

(*a*) To inform the candidate of the field to be covered in his preparation.

(*b*) To aid the medical schools and the dermatology departments of medical schools and hospitals by outlining the scope of teaching deemed advisable for specialization in dermatology and syphilology.

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RESPONSIBILITIES OF THE BOARD

The major object of the board is to pass judgment on the competence of internists who desire certification—not to determine who shall or shall not practice internal medicine as a specialty.

The American Board of Internal Medicine is not concerned with any mechanism which gains special privileges or specific recognition for those physicians who have been certified in internal medicine. It has never been the intent of the board to define requirements for membership on the staffs of hospitals.

The board endorses completely the stand of the American Board of Surgery which "specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

REQUIREMENTS FOR ADMISSION TO EXAMINATION AND CERTIFICATION

Each applicant for certification by this board must satisfy the qualifications listed below: (I) General Qualifications A, B, C, D, (II) Professional Qualifications A, B, C, D. For exceptions to the requirements C and D under Professional Qualification see paragraph G.

I. GENERAL QUALIFICATIONS

A. All candidates must be citizens of the United States or Canada.

B. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

C. All candidates must be active members in good standing in their county and state medical societies in their state of legal residence. Under unusual and exceptional circumstances the board reserves the privilege of modifying this requirement. (This ruling shall not apply to commissioned officers of the United States regular Army, or Air Force, or Navy, or United States Public Health Service or to full-time staff members [physicians] of the Veterans Administration who are otherwise Service Fellows of the American Medical Association.)

D. Canadian citizens must be active members of the Canadian Medical Association before admission to examination.

II. PROFESSIONAL QUALIFICATIONS

A. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

B. Satisfactory completion of an approved internship of not less than twelve months.[1]

C. Residency or fellowship approved by the Council on Medical Education and Hospitals of the American Medical Association in internal medicine according to the following plan (Plan A) or one of the alternate plans described under paragraph D.

Plan A: A residency or fellowship in internal medicine for a period of not less than three years in a hospital or other institution approved by the Council on Medical Education and Hospitals of the American Medical Association for residency or fellowship in internal medicine. In such instances in which a resident's nominal status differs from that of the other hospital residents, he must furnish the board with certification by the chief of the medical service and the medical director of the hospital that he actually performed the full duties of a resident as a bona fide member of the residency program. In addition, two years of practice of clinical internal medicine will be required. The board will accept the following equivalents as satisfying one year only of the three years of residency or fellowship to which this paragraph refers. (Two years must be in the field of general internal medicine.)

1. If twelve months of a two year approved internship in a hospital approved for residency training in internal medicine is limited to the medical service and medical specialties, credit will be granted for a first year of assistant residency. The remaining two years of residency training must be in the general field of internal medicine. Certification by the chief of the medical service as to compliance with this requirement must accompany application.

2. One year of approved residency in one of the medical specialties: allergy, cardiovascular disease, gastroenterology, hematology, pulmonary diseases, neurology, pediatrics, psychiatry, dermatology and syphilology.

3. One year of approved residency in pathology.

4. One year as a graduate student or as an instructor in an approved medical school on a full time basis in bacteriology, biochemistry, pathology, pharmacology, physiology or internal medicine.

5. An advanced degree in the medical sciences, provided the work has been done and degree obtained after graduation from medical school.

NOTE.—Graduate training credit for the time involved will be allowed candidates who take and satisfactorily complete postgraduate courses in internal medicine or the basic medical sciences provided by accredited medical schools on a full time basis. This ruling shall not apply to courses of less than three months' or more than twelve months' duration. A certificate of creditable performance, based in part, at least, on a formal examination on completion of the course, will be required.

NOTE.—Fellowship or research assignments not approved by the Council on Medical Education and Hospitals will require certification by the chief of service that such assignment was equivalent in graduate training opportunities and patient responsibilities to that of an approved residency in internal medicine or the subspecialties recognized by the board. This certification must be presented before application is filed.

1. During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

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D. Alternate Training Plans: The board firmly believes that the plan of intensive training prescribed above offers the best opportunity for a young physician to prepare himself to meet his responsibilities as a specialist in internal medicine. It is recognized, however, that capable individuals may accomplish the same result in a longer period of time during which the training is less intensive. The board realizes that a number of medical graduates cannot follow the shorter and more desirable plan either because suitable residencies are not available or, in some instances, because of personal and economic reasons. Accordingly, the board has modified its previous regulations governing eligibility for admission to examination. In doing so the board has not modified its standards of examination. It has liberalized its eligibility requirements for admission to examination by accepting half time formal training and the practice of internal medicine under favorable circumstances as to professional and hospital contacts, in lieu of part of the full time requirements. It is hoped that by this means exceptional individuals may acquire a knowledge of medicine and experience in its application sufficient to qualify for examination.

The program previously described (Plan A), which consists of three years of formal training in an approved residency or its equivalent, following internship, and two additional years in the practice of internal medicine, is recommended by the board. Variations in this program are now subject to the following regulations.

1. In all instances, one year of approved internship and one year of approved residency will be required, except as indicated under Plan G. The graduate training credit of one year heretofore granted as a result of active duty as a commissioned officer in the armed forces during the period beginning Dec. 7, 1941 and ending Jan. 1, 1947 and during the Korean emergency with effective date June 1, 1950, may not be applied in satisfaction of the one year of approved residency referred to in Plan D, E, or F unless the candidate's assignment is considered by the board to have been equivalent to an approved residency.

2. Following one year of internship and two years of approved residency,[2] the remaining requirements may be satisfied by:

Plan B; that is, by two years of half time formal training followed by two years of practice limited to internal medicine, or by

Plan C; that is, by five years of practice limited to internal medicine.

3. Following one year internship and one year of approved residency, the remaining requirements may be satisfied by:

Plan D[3]; that is, by four years of half time formal training followed by two years of practice limited to internal medicine; or by:

Plan E[3]; that is, by two years of half time formal training followed by five years of practice limited to internal medicine, or by:

Plan F; that is, by eight years of practice limited to internal medicine.

4. In every instance at least two years of practice in internal medicine must be included, but in instances in which four years of practice are substituted for one year of residency, only one additional year of practice will be required; when more than eight years of practice are substituted for two years of residency an additional year of practice will not be required.

5. Physicians who have practiced internal medicine for twelve years following an approved internship may qualify for the examinations without further training (Plan G).

Half time formal training under expanded plans B, D and E is defined as follows:

1. Half-time [3] as an instructor in clinical medicine in a recognized medical school in the United States or Canada.
2. Half-time [3] in a research fellowship sponsored by a recognized medical school in the United States or Canada.
3. Half-time [3] as a graduate student in an approved graduate medical school in the United States or Canada.

E. Practice Requirements: A period of not less than two years of practice in the general field of clinical internal medicine or in the more specialized branches of medicine. (See exceptions, Section D, paragraph 4.) This requirement may be satisfied by independent practice or in association with a recognized internist, following completion of requirements of formal training.

F. Graduates of Foreign Medical Schools: All candidates who are graduates of foreign medical schools must meet the following requirements as a minimum:

1. The physician must be a citizen of the United States.
2. The physician must furnish proof in the form, and to the extent deemed adequate by the Board that he (or she) has graduated from a medical school after completing a four year full time course in medicine.
3. The physician must have a license to practice in one or more states of the United States, and have been in active practice confined to internal medicine within the state of legal residence for at least two years.
4. The physician must be an active member of the county and state medical societies in which he (or she) has established legal residence.
5. Graduates of foreign medical schools prior to 1930 may qualify under the alternate plans of the board the same as graduates of approved medical schools in the United States.
6. Graduates of foreign schools in 1930 and thereafter must, in addition to all other requirements, satisfy the requirements of one year of approved internship, and three years of approved residency or fellowship in the United States, and at least two years of practice limited to the field of Internal Medicine in the United States. If, however, their school of graduation is "recognized" by the Council on Medical Education and Hospitals of the American Medical Association, graduates of foreign schools may qualify under the various plans of the board the same as graduates of approved Medical Schools in the United States.

G. Candidates Graduating Prior to 1937: The requirement of three years of graduate training will not apply to candidates graduating from approved medical schools in the United States and Canada in 1936 or previous thereto, provided such candidates have limited their work to the field of internal medicine for at least two years, and provided each candidate is recognized as an internist by his colleagues in his community.

H. "Preceptor Training": Preceptor type training is not recognized in satisfaction of any part of the three year requirement of formal graduate training.

I. Credit for service in the Armed Forces may be applied as follows:

1. Active duty prior to Jan. 1, 1947, may be applied for not more than one year as residency or practice credit, regardless of assignment. Service beyond one year may only be applied as practice credit on certification of former chiefs of service that assignments were in the field of Internal Medicine on a full time basis in the care of clinical patients, largely on one's own responsibility.
2. Active duty from Jan. 1, 1947, to June 1, 1950, may only be applied as practice on the certification of former chiefs of service as referred to in paragraph 1, unless the candidate served officially as a resident in a service approved for residency in internal medicine while there.
3. Active duty subsequent to June 1, 1950, may be applied for not more than one year of residency or practice credit, regardless of assignment. Service beyond one year may only be applied as practice credit on the certification of former chiefs of service as referred to in paragraph 1, unless the candidate served officially as a resident in a service approved for residency in internal medicine while there.

2. For the second year of approved residency one of the equivalents described under C-Professional Qualifications may be substituted.

3. Half time formal training is regarded as four hours per day for six days per week. It is required that half time formal training be verified by the head of the department. Verification must accompany application.

J. Graduates of the Chicago Medical School prior to approval by the Council on Medical Education and Hospitals of the American Medical Association and graduates of the Middlesex School of Medicine who received their degree in medicine prior to Jan. 1, 1951, and who have fulfilled all of the requirements set forth in *Section 2*, (Requirements for Admission to Examination and Certification), and an approved residency or fellowship of three years' duration (Plan A) and two years of practice in internal medicine may apply, and at the discretion of the Executive Committee or of the board be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in suggesting a program for those who wish advice, the board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology. Such knowledge is essential to the continued progress of any internist. The board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the board.

APPLICATION

Candidates for examination must make their application on a prescribed form, which may be obtained from the office of the Executive Secretary-Treasurer.

The application must contain a record of the candidate's premedical and medical training as well as of internships, residencies, graduate study, hospital or dispensary staff appointments, teaching positions, service in the armed forces, membership in medical societies, medical papers published and the names of four well known internists to whom the board may write for professional and character reference.

The application must be accompanied by one recent, signed photograph of the candidate mounted on the application, and the registration and examination fee of $40.00 to cover the written examination, of which $25.00 will be refunded if the application is disapproved. Upon application for admission to the oral examination, an additional fee of $50.00 will be required. Upon notification of certification by the board, a further fee of $10.00 to cover cost of certification, will be required.

The requirements of graduate training and two years of practice in the field of internal medicine must be satisfied before a candidate is eligible to apply for admission.

METHOD OF EXAMINATION—WRITTEN AND ORAL

The examinations for certification by the board comprise two parts: Part I is written; Part II is clinical and is an oral examination. The written examination is held simultaneously in different sections of the United States and Canada. Effective Jan. 1, 1949, one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into a morning and afternoon period for each of which three hours are allowed. The questions are of the multiple choice type, framed in such a manner as the board elects and designed to test the applicant's knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology and pharmacology as related to internal medicine, and his basic clinical acumen.

Candidates must pass the written examination before admission to the oral examination will be authorized. The oral examination is conducted under the direct supervision of the board. It is held near the time and place of the annual meetings of the American Medical Association and the American College of Physicians. The examination is conducted at the bedside of the patient. Each candidate is assigned two or more patients and is expected to be sufficiently familiar with whatever problems present themselves to satisfy the board of his clinical expertness.

Normally only two oral examinations are given each year. The board may, however, schedule special oral examinations if necessary. Announcements of all examinations will appear in the *Annals of Internal Medicine* and THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Applications cannot be accepted until the schedule is announced in the publication referred to, and cannot be accepted after the closing date as announced.

REEXAMINATION—WRITTEN AND ORAL

1. Restrictions on the number of written examinations for which a candidate may apply have been waived. The interval between all written examinations will be not less than one year; however, the executive committee of the board may, in its discretion, require a longer period, or may for reasons it considers adequate, deny admission to reexamination. A fee of $15.00 is required for each written reexamination. The fee is due upon application for reexamination.

2. Restrictions on the number of oral examinations for which a candidate may apply have been waived. The interval between all oral examinations will be not less than one year, however, the executive committee of the board may in its discretion require a longer period or may for reasons it considers adequate, deny admission to reexaminations. A fee of $40.00 is required for each oral reexamination. The fee is due on application for reexamination.

3. This ruling does not make it mandatory for a candidate to repeat the examination within the specified time limit. Candidates may elect a longer interval in the case of both the written and oral examinations.

CANCELLATIONS

Effective July 1, 1949, any candidate who cancels his assignment for a written or an oral examination after Sept. 1 will be required to pay a special fee in the amount of $10.00 before a subsequent examination, unless his cancellation was due to a cause deemed adequate by the board to exempt him from such special fee. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made, and the expense incident thereto.

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the articles of incorporation and the by-laws and shall be signed by the officers and members of the board and shall bear the official seal of the board.

Certificates of the board will be issued to candidates who have satisfactorily completed the written and oral examinations and have been found qualified by the board to practice the specialty of internal medicine. Specialty certification will be designated on the certificate, for those so certified.

SUBSPECIALTY BOARDS

Allergy, cardiovascular disease, gastroenterology and pulmonary diseases are recognized specialties.

Each subspecialty application is individually considered and acted on by the subspecialty board concerned. The candidate is not eligible for examination until his application has been approved by the subspecialty board concerned and confirmed by this board.

All candidates must pass the written and oral examinations in internal medicine before admission to examination in a specialty of medicine referred to. The specialty examinations are oral only and may be taken at any regularly scheduled oral examination subsequent to the candidate's certification in gen-

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eral medicine. Announcements of the oral examination will appear in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the *Annals of Internal Medicine*.

Application forms will be forwarded on request to the office of the Executive Secretary-Treasurer and should be returned to his office when completed.

INFORMATION ON CERTIFICATION IN ALLERY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

1. Two years, full time, including training both in allergy and internal medicine in an approved allergy clinic and hospital; or

2. One year, full time, including training in allergy and internal medicine in an approved allergy clinic and hospital, and two additional years of attendance and participation at least two half days weekly at an approved allergy clinic; or

3. Five years of attendance and participation at least two half days weekly at an approved allergy clinic; or

4. Twelve years in the practice of allergy after fulfilling the professional qualifications for certification in internal medicine, with evidence of sustained scientific interest.

5. All candidates who desire consideration in allergy must be certified in internal medicine before applying for admission to examination in allergy.

The candidate should be prepared for oral and clinical examination in the anatomy, pathology, physiology and biochemistry of reactions of hypersensitivity. This will include immunology, immunochemistry, atopy, allergy of infection, collagen disease, and experimental hypersensitivity. He should be proficient in clinical diagnosis, laboratory procedures, and in the treatment of allergic diseases. He should be familiar with the Physiology of respiration, especially as modified by bronchial asthma and pulmonary emphysema and with the pharmacology of drugs used.

NOTE.—Fellowship or research assignments not approved by the Council on Medical Education and Hospitals will require certification by the chief of service that such assignment was equivalent in graduate training opportunities and patient responsibilities to that of an approved residency in allergy recognized by the board. This certification must be presented before the application is filed.

RECOMMENDATIONS OF THE SUBSPECIALTY BOARD ON CARDIOVASCULAR DISEASE CONCERNING QUALIFICATIONS OF CANDIDATES FOR CERTIFICATION IN THIS SUBSPECIALTY

The applicant should be of good character and excellent standing in his community, as attested by letters from sponsors of known integrity.

The applicant should have reached a state of maturity, compatible with the acquisition of sufficient factual knowledge and experience to form a basis for sound judgment. The board believes that only exceptional individuals are sufficiently mature for this subspecialty before the age of thirty-five years or less than ten years after graduation from medical school.

The board will make exception to this general rule of admission to examination, under unusual circumstances, largely to avoid injustice to the younger men of outstanding ability.

The candidate must have given clear evidence of his deep and constant interest in cardiovascular disease over a period of years. The board is particularly interested in recommending for examination those applicants whose records indicate that their interest in cardiovascular disease will probably be sustained throughout life, and that their knowledge of the subject will constantly grow. Achievements in the field of research are regarded as evidence of such interest, but publication of articles or prolonged training in research work is not considered essential. Consideration will be given to the circumstances of each applicant's training and experience; those who have been in communities and institutions which offered excellent opportunities for contributions to the knowledge of cardiovascular disease will be expected to have made such contributions. Consideration will be given to the difference in experience of those whose opportunities for research have been more limited.

In most cases, it is deemed essential that the candidate, after thorough training in internal medicine, shall have received at least one full year of postgraduate education in cardiovascular disease, preferably under the guidance of a person known to be experienced and sound. Qualifications will be appraised by the Cardiovascular Board and admission of the applicant to the examination will be determined by a majority opinion of the board.

Every candidate admitted to the certifying examination in cardiovascular disease will be expected to possess specialized knowledge of the kind indicated below. This list is by no means complete; it is intended to indicate the nature, rather than the extent, of the knowledge every applicant should have. In terms of its scope it should be regarded as the minimum, not the maximum. Persons possessing special knowledge and training in peripheral vascular disease may be expected to have a higher standard required in the examination in that portion of the field than in the certain details of other branches of cardiology, and the converse may be similarly applied.

1. Full and accurate knowledge of the anatomy of the normal and diseased heart, including its relationships to the external chest and to the other mediastinal structures. A comprehensive anatomical knowledge of all important blood vessels including their aberrant locations.

2. A thorough knowledge of the normal and pathological physiology of the heart and peripheral circulation.

3. Detailed knowledge of the diagnostic signs which permit the recognition of all important diseases of the heart and blood vessels, such as arteriosclerosis, arteriosclerotic heart disease, syphilitic heart disease, rheumatic heart disease, constrictive pericarditis, auricular and ventricular septal defects, coronary thrombosis with myocardial infarction, thromboangitis obliterans, Raynaud's syndrome, coarctation of the aorta, aneurysm, patent ductus arteriosus, periarteritis nodosa and lymphedema.

4. Familiarity with the special methods used in the study of diseases of the heart and blood vessels. In the case of the heart, these include such technics as electrocardiography, roentgenography, catheterization and angiocardiography; in the case of vascular disease, such technics as the use of the oscillometer and thermocouple, arteriography, and venography, reflex vasodilatation, the cold pressor test, color changes with elevation, dependency, temperature, etc.

5. Accurate knowledge of the pathologic changes associated with the more important diseases of the heart and blood vessels, sufficient to enable the candidate correctly to evaluate the pathologic condition from gross specimens or microscopic sections.

6. Fairly extensive and detailed knowledge of the pharmacology relating to heart and blood vessels. This must include full knowledge of the important relationship of the autonomic nervous system both to the heart and to the peripheral vessels, and the effects of stimulation or paralysis of the various parts of the autonomic system by drugs or by surgical methods. The candidate should be intimately familiar with the use and effects of such important drugs as digitalis, quinidine, heparin, papaverine, epinephrine, dicumarol, penicillin, diuretics, sedatives, etc.

7. A sound understanding of the indications for conservative therapy, as well as for surgical procedures, in cardiac and peripheral vascular diseases (patency of the ductus arteriosus, arteriovenous anastomoses, constrictive pericarditis, scalenus, anticus syndrome, etc.).

In summary, it is the desire of the American Board of Internal Medicine and its Subspecialty Board in Cardiovascular Disease that physicians shall not be admitted to the certifying examinations unless they have exceptional qualifications as individuals and as experts in this subspecialty of medicine.

INFORMATION ON CERTIFICATION IN GASTROENTEROLOGY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

A. Professional Standing

The candidate must have at least two letters from recognized internists or gastroenterologists, which must attest to the candidate's professional qualifications and ethical standing, whether

he is specializing in gastroenterology and if not entirely, giving an opinion as to approximately how much of his work is devoted to it.

B. Education

1. The candidate must admit proof of adequately supervised training in the recognized gastroenterologic procedures, including gastric and hepatobiliary function tests, proctosigmoidoscopy and gastrointestinal roentgenology (film interpretation).

2. The candidate must present evidence of fulfilment of one of the following requirements:

(*a*) Formal graduate course in gastroenterology, full time for at least eight months in a recognized institution.

(*b*) Residency or fellowship for at least one year in gastroenterology under tutelage of a recognized specialist.

(*c*) In the absence of (*a*) and (*b*), attendance and active participation in a ward service or in a gastrointestinal clinic, recognized in standing, for at least five years.

3. If requirements (*a*) or (*b*) under the above heading have been met, only three years of (*c*) will be required.

C. Practice

At least 60 per cent of the candidate's work must have been devoted to gastroenterology for at least three years before application.

INFORMATION ON CERTIFICATION IN PULMONARY DISEASES BY THE AMERICAN BOARD OF INTERNAL MEDICINE

I. Candidates for certification in pulmonary diseases shall fulfil the requirements of the American Board of Internal Medicine as to:

A. General qualifications.

B. Professional education.

C. Special training.

II. In addition to the General Requirements of the American Board of Internal Medicine, candidates shall:

A. Have completed special training period in pulmonary diseases to include at least a year's work in a sanatorium or hospital for tuberculosis and at least another year in the practice of pulmonary diseases in such an institution or in association with an older man competent in this field.

B. Submit an application to the Advisory Board in this specialty, which must be approved by all of the members of this board.

C. Pass the written and oral examination of the American Board of Internal Medicine.

D. Pass the oral and practical examination in pulmonary diseases.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

FRANCIS C. GRANT, Chairman, Philadelphia.
R. GLEN SPURLING, Vice Chairman, Louisville.
HOWARD A. BROWN, San Francisco.
ELDRIDGE CAMPBELL, Albany, N. Y.
WILLIAM V. CONE, Montreal.
FRANC INGRAHAM, Boston.
ERIC OLDBERG, Chicago.
BRONSON S. RAY, New York.
A. EARL WALKER, Baltimore.
JAMES C. WHITE, Boston.
HARRY WILKINS, Oklahoma City.
LEONARD T. FURLOW, Secretary-Treasurer, Washington University Medical School, St. Louis.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board of directors.

2. It shall be discretionary with the board to accept for examination candidates who have been in practice more than six years but whose formal training fails to meet the full requirements.

3. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States of America or Canada may apply for certification by the American Board of Neurological Surgery.

4. A special certificate may be issued to foreign (not United States of America or Canadian citizens) candidates who have received their training in neurological surgery in the United States of America or Canada and who are returning to their own country at the end of their training period, upon passing successfully the regular examinations of this board, without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this board.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school which is acceptable to the American Board of Neurological Surgery.

2. Completion of a surgical internship of not less than one year in a hospital acceptable to the board, or its equivalent in the opinion of the board. (A one year rotating internship does not satisfy this requirement.)

SPECIAL TRAINING

A period of graduate study in a recognized graduate school of medicine of not less than three years beyond the year of general surgical training, or in an approved hospital or under a sponsorship acceptable to the American Board of Neurological Surgery for the training of neurological surgeons. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is preferable that at least two years of this training be had in one institution, and the board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

This period of special training shall be of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology and biochemistry is emphasized. Knowledge of these sciences as applied to practice of neurological surgery will be required in the examination. The board will not credit periods of study limited to these basic sciences of longer than six months in fulfillment of this requirement of three years of special training.

Training in diagnostic neurology should be obtained either in correlation with training in neurological surgery or independently. The candidate will be required to pass an examination in this subject.

An additional period of not less than two years in the practice of neurological surgery.

The above represents only the minimum requirements of training for the practice of neurological surgery in the opinion of the board.

APPLICATIONS

An application on the official application blank in such form as may be adopted from time to time by the Board of Directors, in order to be considered at any meeting, must be in the hands of the secretary-treasurer of the board not less than sixty days before the date of such meeting.

The secretary-treasurer of the board on receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary-treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary-treasurer its recommendation whether or not the applicant is acceptable. The certification of a candidate shall be approved by a majority of the members of the entire board at any meeting held for such certification.

PAYMENT OF FEES

The fee for certification, with or without examination, shall be $100.

The candidate for examination on filing his application shall accompany it with an application fee of $25. When notified by the secretary-treasurer that he is eligible for examination he shall send the examination fee of $75 to the secretary-treasurer

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at least two weeks before the date of the examination. The application fee will be returned if the candidate is not accepted for examination.

REEXAMINATION

A candidate who has failed in one examination is eligible for reexamination in the subject, or subjects, in which he failed, within three years, on payment of a reexamination fee of $25. A candidate who has failed in one examination and who does not apply for reexamination within three years or a person who has applied within that time but who has failed a second time will be considered a new applicant.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

WALTER T. DANNREUTHER, President, New York.
F. BAYNARD CARTER, Vice President, Durham, N. C.
ROBERT A. KIMBROUGH JR., Vice President, Philadelphia.
WILLARD R. COOKE, Galveston, Texas.
DANIEL G. MORTON, Los Angeles.
JOHN L. PARKS, Washington, D. C.
HERBERT E. SCHMITZ, Chicago.
ROBERT L. FAULKNER, Secretary-Treasurer, 2105 Adelbert Road, Cleveland 6.
LAWRENCE M. RANDALL, Assistant Secretary, Rochester, Minn.

REQUIREMENTS

Each applicant before he may become eligible to receive such certificate of the board or other evidence of recognition:

1. Must have had conferred on him a degree in medicine by an institution of learning approved by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.

2. Must establish in a manner satisfactory to the Board of Directors that he is a physician duly licensed to practice medicine, and

(*a*) that he is of high ethical and professional standing.

(*b*) that he has received at least minimal training bilaterally, i. e., in both obstetrics and gynecology. Training in one branch only is no longer sufficient for qualification. The term "minimal training" as used here is at present defined as meaning at least one year of full time formal training, in the branch of either obstetrics or gynecology relegated to a minor role in a candidate's training program as related to his preference and plans for practice. The required total of formal training is three years.

(*c*) that physicians otherwise qualified, who were graduated before Jan. 1, 1939 and whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five years immediately prior to application be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Bilateral training is required. At least a fundamental knowledge of both obstetrics and gynecology is essential regardless of whether a candidate's practice is limited to one or the other branch.

3. Must make application for investigation of his credentials and a survey of his character.

4. Must assure the board that he is limiting his practice to obstetrics and/or gynecology and that he intends to continue to do so, except for possible military duties. Candidates will be accepted only if, on application or by the time of their examination, they have been in practice limited to the specialty for a minimal period of two years following completion of their specialty training. This change in requirements permits a qualified candidate to make his application in the second year of his post-training practice period. The sole exception to the two year limitation is practice for the Frontier Nursing Service, Inc., of Kentucky.

This board will not accept applicants for examination who are not full citizens of the United States or of Canada, though they may be residents of either country. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a state or provincial board of licensure. Notarized statements, *not* original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born. Further, there will be required a probationary period of at least three years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

Applicants who have been certified by one of the other American specialty examining boards will not be eligible for certification by this board until they have relinquished the certificate previously conferred. (In making application to this board for certification, applicants, for some time back, have agreed to revocation of their certification by this board if and when they apply for and receive certification by any other American board, except on special action to the contrary taken by the American Board of Obstetrics and Gynecology.)

The board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

This board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The board does not exclude from examination, however, obstetricians-gynecologists who practice abdominal surgery and urology in the female because of the correlation of these activities. The sole exception to this provision is that it is permissible for candidates of the American Board of Obstetrics and Gynecology to participate in emergency care plans operated under the auspices of district, county, or state medical societies.

Military service or any other similar patriotic service, such as work with Selective Service boards, etc., have not been construed as nonlimitation of practice in violation of the board regulations. Officers (Regular or Reserves) certified by this board and on duty with "Family Dependent Services" are expected to be permitted to limit their work to the specialty, as in civilian life, and not to be engaged regularly in general or other practice.

The minimal requirements for all candidates will be uniform as follows:

1. Completion of at least one year intern service in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association. This need not be a general rotating internship, although this latter is preferred.

The board accepts the fifth or "intern" medical school year required at some schools in lieu of the usual fifth or intern "clinical training" year following graduation.

2. A minimum of seven years of training and practice after the intern year, to include at least three years of residency training in obstetrics-gynecology in approved institutions, or adequate preceptorship training. (See Section on Preceptorship Training.) Following completion of acceptable training two years of post-training practice limited to the specialty are required.

This leaves two other years in the total of eight years following graduation. During the early part of this period other training in branches, especially such as general abdominal surgery (see next paragraph), or in pathology, urology, internal medicine, or general practice is desirable and accredited on this total time period. The last two years of such an eight year period must be in practice limited to the specialty. (See paragraph 4 under Requirements.)

The Council on Medical Education and Hospitals of the American Medical Association listed for the first time in 1950 (*J. A. M. A.*, April 15, 1950, pages 1216, 1204-1211), 149 inspected and approved one year residencies in general surgery "as offering training in general surgery . . . in preparation for residencies in surgical specialties." Such residencies are recommended by this board as desirable additional preparation, particularly when they provide opportunities for training in abdominal surgery. (See Internship and Residency issues of THE

JOURNAL for lists.) As noted above, such service may be included in the total minimal eight years required after graduation.

Post-training practice period may include full time medical school or other positions within the specialty, actual practice within the specialty as an assistant, associate, or independently.

Periods of residency in obstetrics-gynecology in excess of the required three years will not be accepted as a substitute for any part of the two required years of post-training practice except in the cases of men advancing from their residency training into and planning to remain in full time teaching positions in medical schools and their affiliated hospitals.

3. Basic science training should emphasize the relation of the basic sciences, anatomy, pathology, physiology, biochemistry and bacteriology, to the application of surgical principles which are fundamental in all branches of surgery. More especially, for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, electrotherapy, psychosomatic medicine and other nonoperative methods of diagnosis and treatment. In addition, the candidate must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, and so on.

Studies in the basic sciences may be integrated with the clinical work or may be given separately.

SPECIAL CREDITS AND RULINGS

The board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying the requirement for each of three years of residency training. Such allowances can be made only for services during the wartime period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

No formal graduate courses are required. If taken, credit will be limited to six months. Fellowships will be evaluated individually for credits by the Credentials Committee.

An applicant serving under military orders in an Army or a Navy hospital in an obstetrical-gynecological service under supervision will be given the same credit as if he were working under a preceptor, if these departments are supervised by diplomates of this board or recognized obstetricians-gynecologists. He may obtain full residency credit if such hospital is officially approved and listed for residency training in this specialty. The Credentials Committee of the board will review and give consideration to each individual case. Special request must be made for such credits.

A blank log-book entitled "Medical Officers Professional Training Record" is obtainable from the offices of the Surgeons General. This Record should be carefully kept and attested while in military service.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the secretary's office and must be forwarded with the other required credentials and the application fee to the secretary's office not later than Oct. 1, 1953.

Candidates currently applying for admission to the examinations for certification are required to submit with their application a plain typewritten list of all patients admitted to the hospitals where they practice, for the year preceding their application or the year prior to their request for reopening of their application, with the diagnosis, pathological diagnosis, nature of treatment, and end result.

Candidates who have not had a minimum of three years' formal residency type of special training should utilize Preceptorship or Supplemental Training forms, obtainable from the office of the board, to submit in addition to the regular application form.

The application fee is $25 and is not returnable.

The examination fee is $100 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

If the candidate fails the Part II examination on his original application, he may exercise the privilege of one reexamination (see Examinations, Part II) but he will be required to pay a fee of $25 for such reexamination on making request that his application be reopened for this purpose. This ruling is effective on applications originally made after June 1, 1949.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners and associate examiners serve as such without compensation other than actual expenses.

Many prospective candidates write the secretary's office outlining in their letters their training qualifications and asking informally if they are eligible, if this training has been sufficient and, if not, what is still lacking. Any candidate should be able to make a fair estimate of his eligibility after studying these requirements.

Individual officers and directors cannot and will not make any such estimates or rulings. These are made only by the Credentials Committee after reviewing such requests made on a special form provided for this purpose, and submitted to the secretary for an appraisal with the fee of $15 to cover clerical expenses involved. This form is designated the "Application for Appraisal of Incomplete Training."

Personal interviews cannot be granted by the secretary or other directors of the board unless requested by the board.

Appraisal of Incomplete Training forms should not be filed if Application for Certification has already been filed. This is unnecessary duplication.

All candidates must comply with the board regulations in effect for the year in which the examination is taken, regardless of when the original application was filed.

Applicants declared ineligible for admission to examination may request reopening of their applications within two years of the filing date without payment of an additional application fee. When a candidate requests that his application be reopened, he must supply the board with information to justify such further consideration. A request for the reopening of an application declared ineligible by reason of insufficient training, nonlimitation of practice or similar items may not be approved in less than two years, although application may be made as specified above to avoid payment of an additional fee. This approval time may be reduced under exceptional circumstances. The request must have adequate supporting evidence of additional training and experience to warrant reconsideration. Preceptorship or Supplemental Training blanks should be used for such reports, and these will be supplied on request.

After two ineligiblity or postponement rulings on any candidate's application, an entirely new application must be submitted (with or without fee, according to current requirements) in order to bring data down to date. The essential feature of this should be evidence of additional training and experience.

Applicants declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application are required to file a new and current application and to pay a new application fee.

Candidates should offer as sponsors or references two diplomates of this board with whom they are presently in contact, rather than men under whom they served as residents only. It is required that sponsors be from the candidate's community and currently acquainted with the candidate and his ability in his practice of the specialty.

On notice of acceptance for admission to examination, examination fee is due and also case records which should be shipped by the candidate to the secretary's office as soon as possible and not later than the date of the Part I written examination.

The candidate should make immediate acknowledgment of his notice of acceptance, at which time he will notify the secretary's office approximately when to expect his case reports.

EXAMINATIONS

Part I examinations are scheduled annually for early in February. Grades cannot usually be mailed from the secretary's office until after April 1 following the examination. Arrangements will be made for candidates to report in any convenient city where there may be a diplomate of this board to conduct or supervise the written examination which will be sent out from the board's office under sealed cover.

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Special arrangement will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the secretary's office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral-clinical and pathology examinations (Part II). The passing grade for the written xamination and case reports is 75 per cent. A candidate whose grade in either or both falls below 75 per cent is conditioned.

Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Application for reexamination in Part I must be made by the candidate prior to Nov. 1 of any year.

Requests for reexamination in the written portion of Part I and requests for resubmission of case reports must be filed prior to Oct. 1, 1953.

Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

Requests for reexamination in Part II must be made prior to Feb. 1, 1954.

Candidates appearing for reexamination under a new application after two previous failures will not be required, if they have passed all or part of the Part I examinations on their first application, to repeat such examination items already successfully cleared.

Part I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.

2. The filing, as early as possible, and not later than the date of the written examination, of 25 obstetrical and gynecological case reports, in condensed form. (See Sections on Case Reports.)

Results on case reports submitted for review prior to the written examination will be announced simultaneously with those of the latter; candidates who take the written examination but fail to submit case reports on or before the date of the written examination cannot be given the grade on the latter until their case reports have been received and graded.

Part II

The oral-clinical and pathology examinations given all candidates are conducted by the entire board and the associate examiners usually near the time and place of the annual meeting of one or more of the national societies represented on this board. Advance announcements of examination dates and place will be made in medical journals throughout the country. (Schedule for Chicago, May 10 to 17, 1954.)

Examination consists of:

1. Oral examination before two to four examiners.

An endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination.

The candidate is expected to identify and to discuss several obstetrical and gynecological pathologic specimens and sections.

Examiners report orally on each candidate to the assembled board, after which the results of their investigations are considered jointly by the entire board and associate examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire board of directors.

The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examination.

When a candidate fails in Part II of the examination, he is not required to repeat Part I but is required to repeat Part II only. One reexamination may be taken within three years of the original examination and first failure without formal reapplication papers. Request for reopening of the candidate's original application must be filed with a reexamination fee of $25 (See Application and Fees). Application for reexamination in Part II must be made by the candidate prior to Feb. 1 of any year. Data regarding additional training or experience and medical school or hospital appointments acquired in the interim must be cited in the letter and verified on a Supplemental Training Form obtained from the office of the secretary of the board.

The reexamination fee will be effective only on original applications filed subsequent to the date of this announcement, namely, June 1, 1949.

The candidate may be allowed to reappear at the examination following the one failed by him. The board may, at its discretion, deny the candidate the privilege of reexamination. Requests for admission to reexamination must be accompanied by statements covering additional training, or opportunities for supervised clinical experience since the previous failure to justify such readmission.

Failure to exercise the privilege of reexamination within three years entails the filing of a new application with the usual application and examination fees.

After two failures in either Part I or Part II on the first application, the candidate may reapply with a new application and reapplication fee of $25 and reexamination fee of $100 and be readmitted to examinations once only. Exceptions to this ruling can be made only by action of the entire board of directors in annual session, usually to be based on evidence of additional training and experience sufficient to warrant such action.

Case Reports

Case reports are to be sent by the candidate to the secretary as soon as possible after receiving notification of eligibility, and not later than the date of the Part I written examination.

In the case of candidates applying for unilateral certification, case reports must pertain to the branch for which application is made.

Twenty-five important obstetrical and gynecological case reports, in condensed form, are required. Five cases may concern major illnesses, not necessarily operative. These reports must include a variety of material rather than a number of reports of one type. Case reports from one residency's service shall not be more than five in number.

Men holding full time medical school faculty appointments may submit half their case records from this full time, nonprivate practice, but post-training service. (See Requirements.)

The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

These reports are not to be copies verbatim from hospital records, but should be in condensed form.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit *separate verified index lists, in duplicate* for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

In the upper left-hand corner of each index sheet there should appear:

Candidate's Name; and Name and Address of Hospital.

The data for each patient should be tabulated horizontally, reading thus:

1. Sequence number of case report (1 to 25).

2. Whether patient was from the candidate's residency service or his own private or ward practice, as follows: "Res. Serv." or "Own Practice." *All records failing to have this information will not be considered acceptable.*

3. Patient's name or identifying initials, age, parity.

4. Date of patient's admission and hospital admission number.

5. Date of patient's operation.

6. Date of patient's discharge.

7. Dates of follow-up examinations.

At the foot of each index sheet should be placed the attested statement of the hospital official, referred to above. This statement should read as follows:

This is to certify that the above listed case reports have been verified by me from the records of this Hospital and these patients operated upon in this institution by Dr.————————; that the admission number and dates specified are correct. This is further to certify that the reports given the following sequence numbers (———— to ———— inclusive) were from the residency service of the aforementioned physician and the reports given the following sequence numbers (———— to ———— inclusive) were from his own practice (ward or private) in this Hospital and that in all instances he was the chief operator.

.....Signature

.....Official Title

Date.....

Each case report should be typewritten on standard size paper, 8½ x 11 inches, and those reports then assembled in sequence. Covers should not be used for separate reports, as this increases their bulk unduly. Reports should be bound loosely together in a light outside cover not larger than 10 x 12 inches, so that they may be opened and held like a book. The following items should be observed:

I. Each case report should be headed by identifying information corresponding with that of the index lists, including sequence number, designation as a "Residency" or "Own Practice" case, and so on.

II. The report of the case should begin with:

1. Preoperative diagnosis.
2. Postoperative diagnosis (based on findings).

III. The report should be in condensed form, not reported in detail. Follow-up findings of not less than six (6) months are essential. Omissions of follow-up examinations must be explained and justified.

IV. Obstetrical reports which do not include essential pelvic measurements and note of methods used, will be considered incomplete.

V. Critical summary or analysis of each report with critical deductions derived from correctness or incorrectness of candidate's procedures and from final results must be a final part of each report. Lacking such summary, *reports will be considered incomplete and will not be graded.*

GRADUATE TRAINING RESIDENCIES

This board, through the Council on Medical Education and Hospitals of the American Medical Association, has approved institutions providing acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology has established the following requirements for its approval of a residency in a hospital department or service:

1. It is most desirable that the Chief of Service of the Department be certified by the board, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In lieu of such certification the board will approve of individuals of recognized high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made by assent of the Committee on Residency Training for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology may be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified or otherwise qualified as outlined above.

If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

4. If gynecology is classified in the given hospital as a subdivision or subservice of general surgery, approval cannot be granted for residency training in gynecology. Exceptions have been made if the subdivision of gynecology is headed and staffed by a chief and at least one other certified by this board or otherwise qualified as specialists in obstetrics-gynecology, as specified above, thus insuring an acceptable educational program in obstetrics-gynecology.

5. Effective July 1, 1948, "temporary approvals pending survey" were discontinued. It is expected that all presently approved hospitals will soon be initially surveyed, if holding temporary approval, or resurveyed and redesignated if holding unconditional approval.

6. Departments holding official approvals for residency training are cautioned that their totals of residents appointed must be kept to the number specified in the A. M. A.—American Board approval notification. Dilution of training facilities by unauthorized appointment of residents in excess of these numbers may be cause for reinspection and changes in approval status of such hospitals and their special services.

7. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION as they appear during each year, dealing with these subjects, *or should apply to the Council on Medical Education and Hospitals of the American Medical Association for bulletins entitled Essentials of Approved Residencies and Fellowships.*

8. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the American Medical Association. All statements amplifying an application should also be made in triplicate. The hospital should keep a duplicate of all papers.

9. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Action is taken jointly by the Council and this Board after survey by the Council.

10. Approvals are granted according to adequacy of the training program and teaching facilities of various institutions on the following several bases: (a) one-year approval in obstetrics and gynecology (combined) or one-year approval in obstetrics and/or in gynecology (separate), correlated basic science instruction being an essential part of the first year; (b) two-year approval in obstetrics and gynecology (combined) or two-year approval in obstetrics and/or in gynecology (separate), provided there is opportunity in the latter instances for some degree of rotation between the two services as well as laboratory instruction in basic sciences; (c) three-year approval in obstetrics and gynecology (combined) or in obstetrics or in gynecology, provided there is opportunity for one to one and one-half years' service in the branch of the specialty opposite to that in which the candidate holds appointment, as well as laboratory instruction in the basic sciences of both branches.

Three (3) years' approval is available to institutions holding active medical school teaching affiliations. Other institutions may acquire three (3) years' approval if their educational programs and teaching facilities are adequate for such approval. Probably the most desirable type of approval, from the hospital's standpoint, is that of two (2) years in obstetrics and gynecology, because of the greater flexibility regarding appointments. These two (2) years may be the first two (2) following a trainee's internship or they may be the last two (2) of his formal training follow-

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ing an internship plus one (1) year of acceptable training in the specialty. A service with two-year approval may also, if it desires, appoint a man for only one (1) year, as for example, if he has already had two (2) years of approved training.

Many institutions with three-year approval appoint a group of men for the first year, promoting only part and releasing some of them at the end of this time. Other institutions are accredited for only one (1) year and both will from year to year provide partly trained men for the two-year institutions, which may thus complete a candidate's required training.

Some institutions may be granted one-year approval either because of limited facilities or, in certain instances, because of the preference of the institution which may require that candidates for such positions must show evidence of having completed two (2) years of satisfactory training.

No stipulation has been made that an institution holding only one-year training approval must provide this as the first year of a candidate's formal training. It may be his second or even his third year, responsibilities being graded accordingly, but if it is his first year laboratory basic science instruction is an essential part.

On the other hand, candidates may be promoted from year to year in one place for their entire service of three (3) years if this institution is so approved and listed.

Exchange residencies within the specialty between approved institutions are acceptable and to be encouraged. Many authorities believe that training in more than one institution is broadening to the candidate. "Farming out" to unapproved institutions or services is not acceptable unless the work of such services is directly and carefully supervised by the Chiefs of the service in the approved hospital under which the man is actively appointed and working. This should be attested by such Chiefs.

Exchange residencies into other specialties cannot be permitted to subtract from the minimal required three (3) years of training divided between obstetrics-gynecology.

As noted elsewhere, two (2) years of post-training practice limited to the specialty is necessary before a candidate becomes eligible for certification.

This board has no objection to residency services being arranged by hospitals for periods longer than three (3) years, unless this dilutes the candidate's clinical training opportunities too much during the first three (3) years. However, the board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two (2) years of post-training practice. The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community.

Exception to this ruling may be made for men advancing from their training into and planning to remain in full-time teaching positions. These men then must complete at least two (2) years in such positions. Consequently the only institutions in which men may work as fourth and fifth-year residents and obtain credit for this time as "post-training practice" are those directly affiliated with approved schools of medicine as teaching hospitals for undergraduate instruction. These "full-time" men must hold faculty appointments, must have teaching duties with undergraduate students, must be given independent authority more than that of residents, and must make a declaration of intention to remain in full-time teaching work.

11. Lists of officially approved institutions for formal residency training appear regularly in certain issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Detailed information about any of these can be obtained from the Association.

12. Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association-American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examinations for certification at the discretion of the board.

13. It should be recalled by all concerned that credits for graduate training may be obtainable in certain instances for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent on the teaching qualifications of those in charge of the service, and the clinical facilities of the hospital in question.

PRECEPTORSHIP TRAINING

After July 1, 1955, the board will no longer accept training solely by preceptorship in fulfillment of educational requirements for admission to examination. To be eligible for preceptorship thereafter the candidate must have had a minimum of one year formal residency training in an institution approved by the Board for Residency Training in obstetrics and/or gynecology.

After the above date candidates who apply for preceptorship training must notify the secretary of the board of such intent and give the name of the proposed preceptor. He must also request the preceptor immediately to notify the secretary of the board in writing, giving hospital connections, available clinical material, opportunity for basic study, and the plan of the proposed teaching program. As has long been true of residency training programs such as preceptorship, arrangements will be reviewed by the residency training committee of the board in advance for approval or disapproval. If the program is approved, the official preceptorship training form will be forwarded to the preceptor.

The preceptor must supervise closely the candidate's work and keep an informative record of the candidate's performance. The preceptor and the preceptee shall report in writing to the Secretary of the Board at the end of each six months of preceptorship, outlining the progress of the training program. This information will be placed in the candidate's application for admission to examination in order that it may be evaluated by the credentials committee.

As a general rule each year of preceptor training will receive a six months' credit toward the total of three years of training necessary for admission to examination. As is the case with candidates whose training has been entirely by formal residency, each application will be evaluated finally by the credentials committee.

An acceptable preceptor preferably shall be one certified by the American Board of Obstetrics and Gynecology and must have been certified for a minimum of five years. Fellowship in the American College of Surgeons or long experience and established reputation as an obstetrician-gynecologist without either of the above qualifications may qualify the preceptor.

Preceptor and preceptee must work in a hospital approved by the Joint Commission on Accreditation of Hospitals.

The pretraining practice requirements cannot be carried on concurrently with preceptorship training.

CERTIFICATION

Each certificate granted or issued does not itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice obstetrics or gynecology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to standardize qualification for specialists in obstetrics and gynecology, and to certify as specialists those who voluntarily appear before the board for such recognition and certification, according to its regulations and requirements.

The board does not subscribe to any hospital rule that certification is to be required for medical appointments especially in ranks lower than chief or senior staff of hospitals, or associate professorship in schools of medicine, for the obvious reason that such appointments constitute desirable specialist training.

Even though certification or its full equivalent may be considered a desirable requisite to appointment in key positions, as on the senior or chief staff, particularly of hospitals expecting to conduct approved services for training of residents, it was never intended by this board that certification should be required by any hospital as a prerequisite to appointment, especially in such lesser positions.

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Address all communications to the American Board of Ophthalmology, Cape Cottage, Maine.

NO DEGREES OR LEGAL RESTRICTIONS

Each certificate granted or issued does not of itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice ophthalmology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to elevate the standards of qualification for specialists in ophthalmology and to certify as specialists doctors of medicine who appear before the board for such recognition and certification, according to its requirements and regulations.

REQUIREMENTS

All candidates must comply with current board regulations regardless of time of filing application.

The secretary is not permitted to make decisions as to requirements. These rulings are made only by the Committee on Credentials after reviewing the candidate's formal application.

PREREQUISITES

1. High ethical and professional standing.

2. Full citizenship in the country where the candidate practices. (Limited to countries of North and South America, their possessions and territories and the Philippine Republic.)

3. A degree from a medical school of high standing, satisfactory to the board and approved by the Council on Medical Education and Hospitals of the American Medical Association. An applicant whose training has been received outside of the United States and Canada must present credentials satisfactory to the board and is required to have the certificate of the National Board of Medical Examiners if he has been in practice less than ten years.

4. Completion of an internship of not less than one year in a hospital approved by the same Council.

5. Completion, by the time of the written Qualifying Test, of not less than thirty-six months (a total of sixty months is required of candidates practicing both ophthalmology and otolaryngology) of combined study, training and practice of ophthalmology in approved medical schools, hospitals, clinics, dispensaries, laboratories, preceptorships and private practice.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the secretary's office before the deadline date.

2. Fee of $100 remitted with application.

3. A list of papers or books published.

4. Written qualifying test.

5. Practical examination.

6. Special review of ophthalmic surgery.

7. Membership in the American Medical Association, or such other societies as are recognized for the purpose by the Council on Medical Education and Hospitals of the American Medical Association.

FEES

For written test and original examination, $100 (as mentioned above).

Repeating Written Qualifying Test, $65.

Repeating Practical Examination, $65.

Single conditions, Written or Practical, $25.

Two or more conditions, $35.

Written qualifying test must be taken within three years of date of application. Thereafter new application and fee are required.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skilful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology, especially in refraction.

2. Active clinical experience in approved hospitals, clinics, dispensaries and private practice. Library and laboratory facilities should be utilized for intensive study of cases.

The subject matter to be covered under 1 and 2 is outlined in the syllabus prepared by the board.

These requirements may be met in various ways:

BASIC STUDIES

Anatomy
Embryology and developmental abnormalities
Biochemistry
Pathology
Bacteriology and immunology
Optics and physiologic optics
Ocular physiology
Medical Ophthalmology
Therapeutics and pharmacology
Neuro-ophthalmology

These may be covered by:

A. *Graduate Study.*—By a curricular course in the basic sciences related to ophthalmology in an approved graduate medical school.

B. *Postgraduate Study.*—By courses in individual basic sciences related to ophthalmology as given at various approved institutions. The Home Study Course of the American Academy of Ophthalmology and Otolaryngology is recommended.

C. *Residency.*—By advanced study of these subjects during a residency and by correlation of the principles involved with clinical problems.

D. *Research, Fundamental and Clinical.*—By the detailed study, under supervision or as assistant to an experienced research worker, of some problem or topic which brings the basic sciences into direct relation with the concrete clinical problem.

CLINICAL EXPERIENCE

A. By residency in an approved hospital. The most desirable of these residencies have regular lectures covering the entire field of clinical ophthalmology and of the basic subjects as applied in clinical practice. Many of these have seminars at which residents report cases which they have carefully worked up. These are discussed by the other residents and by the staff and

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the method of presentation as well as the subject matter critically considered.

B. By residencies in hospitals where regular instruction by lectures and quizzes and seminars is not available. The syllabus issued by the board will guide the resident in his selection of topics to be studied.

C. By fellowships in ophthalmology.

D. By preceptorship with a well trained and critical ophthalmologist.

E. After completing a residency it is of great advantage to secure a position in a clinic as fellow or assistant. This may require only part time work, but due credit will be given. Its value to the student depends on how much study he puts into it and on how competent his seniors are.

F. Research under competent critical and sympathetic supervision will give first hand insight into (1) the methods whereby old knowledge was and new knowledge is acquired and (2) the pitfalls which accompany attempts to enlarge the sphere of knowledge. Only in this way can the candidate evaluate basic facts in the intelligent critical way which is expected of the specialist in practice.

G. The candidate who cannot secure the type of residency he desires should not despair, for his progress depends far more on how he uses his opportunities than on the opportunities themselves.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a written test to ascertain their qualifications. The questions may cover any part of ophthalmology and are especially devoted to the basic studies as listed above. The written test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent practical and clinical examination in ophthalmology.

EXAMINATIONS

Examinations usually are held annually at or near the time and place of the meeting of the American Medical Association; also at other times and places at the discretion of the board, depending on the number of applications from any region.

The board reserves the right to limit the number of candidates to be admitted to any one examination.

Candidates must be examined in all subjects listed in the sections titled Basic Studies and Practical and Clinical Examination. The time spent in preparation will count less than the knowledge and experience acquired as shown on examination.

PRACTICAL AND CLINICAL EXAMINATION

The subjects of the practical examination are as follows: (1) External Diseases, (2) Ophthalmoscopy, (3) Histopathology, (4) Refraction, (5) Motility, (6) Ophthalmic Surgery, and (7) Perimetry.

1. *External Diseases of the Eye and Adnexa.*—Various methods of examination, diagnoses and treatment.

2. *Ophthalmoscopy.*—Patients will be examined by the candidate and the findings described or drawn. A candidate is required to bring his own ophthalmoscope.

3. *Pathology.*—The candidate will demonstrate familiarity with general clinical pathology as well as the etiology, pathology and bacteriology of diseases of the eye. He will be asked to examine microscopic slides and to recognize normal and pathologic histology of the eye.

4. *Refraction.*—A candidate will examine patients and show mastery of various methods, and of the principles of refraction and of retinoscopy. He should bring his own retinoscope.

5. *Motility.*—The candidate will demonstrate on patients his familiarity with routine methods of examination and diagnosis.

6. *Ophthalmic Surgery.*—Examination of surgical patients and discussion on principles of ophthalmic surgery.

7. *Perimetry.*—The candidate will be given an opportunity to examine patients by use of the arc perimeter, the tangent screen and the stereocampimeter. He may also be required to interpret charted fields.

SPECIAL REVIEW OF SURGICAL CASES

The board now requires of all candidates a list of ophthalmic operations performed within two years prior to examination. This list is to be presented with application.

The operations should be listed in groups of each type of surgery. The numbers of operations in each group must be totalled and the total number of all operations shown. This list must contain the following data:

1. Date.

2. Condition or conditions for which operation was performed. Complications during hospitalization.

3. Name and character of operation.

4. Identification by hospital or clinic number, or the name of a consultant or conferee who was present at the time of operation.

Circumstances which prevent any candidate from fulfilling this requirement should be fully explained, with detailed statement of candidate's surgical experience.

CERTIFICATION

The decision of the board is final as to the candidate's passing, failure or partial failure. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

REEXAMINATION

Candidates may be reexamined as often as they desire on satisfactory evidence of adequate additional preparation and payment of reexamination fee. A minimum of one year must elapse between examinations when a candidate is conditioned in one or more subjects. A minimum of two years additional preparation is required of candidates who fail in all subjects. The board may, at its discretion, deny the candidate the privilege of reexamination.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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RULES AND PROCEDURES

1. GENERAL ELIGIBILITY REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. Graduation from a medical school of the United States or Canada, recognized at the time of graduation by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered satisfactory by the aforementioned Council.

3. Completion of an internship of not less than one year in a hospital approved at that time by the Council on Medical Education and Hospitals of the American Medical Association or, if trained in foreign countries, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.

4. Starting in 1952 and continuing subsequently, applicants taking Part I examinations for the first time must have completed not less than one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association, or present evidence of comparable training in general surgery considered satisfactory by the American Board of Orthopaedic Surgery. The minimum of one year of training in general surgery is in addition to the minimum of one year of internship.

5. Completion of formal requirements for Part I or Part II examinations. These formal requirements can be satisfied only by training in one or two categories:

(*a*) resident orthopedic training
(*b*) preceptorship training

Applicants may no longer be admitted to examinations, or be certified, on the basis of extensive specialized practice and/or teaching appointments and/or many short unapproved courses.

6. Restriction of practice to orthopedic surgery.

II. Requirements for Part I Examinations

1. Completion of and compliance with aforementioned general eligibility requirements.

2. Citizenship in the United States or Canada, or possession of citizenship papers showing intent to become a full citizen.

3. Satisfactory completion of a minimum of one year of approved training in orthopedic surgery under a program of resident orthopedic training, or completion of a minimum of five years of orthopedic training under a preceptorship program.

Starting in 1952 and continuing subsequently, in addition to the aforementioned requirements, applicants taking Part I examinations for the first time will be required to have satisfactorily completed a minimum of two years of approved training in orthopedic surgery instead of one year previously required. Applicants training on preceptorship programs will still be required to have completed a minimum of five years of orthopedic training.

4. Evidence of competence in training.

5. Approval for examination by the Committee on Eligibility of The American Board of Orthopaedic Surgery.

III. Requirements for Part II Examinations

1. Successful completion of Part I examinations.

2. Full citizenship in the United States or Canada.

3. License to practice in the United States or Canada.

4. Membership in the American or Canadian Medical Association.

5. Satisfactory completion of a minimum of three years of approved resident training in orthopedic surgery, plus a minimum of two subsequent years of practice period for applicants trained under resident orthopedic training programs.

6. Satisfactory completion of a minimum of five years of practice period for applicants trained under preceptorship programs.

7. Evidence of competence in practice.

8. Approval for examination by the Committee on Eligibility of the American Board of Orthopaedic Surgery.

IV. Application and Examination Fee Schedule

1. Application for Part I, fee $15, not returnable.

2. Examination, Part I, fee $35, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

3. Application for Part II, fee $15, not returnable.

4. Examination, Part II, fee $50, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

5. Reexamination, Part I, fee $35; for Part II, fee $50. No application fee is required for reexamination.

V. Applications

1. Applications for Part I examinations must be received in the office of the secretary of the board before November 30 of the year preceding the examinations.

2. Applications for Part II examinations must be received in the office of the secretary of the board before August 15 of the year preceding the examinations.

3. Notices of acceptance for admission to the Part I examinations are mailed to eligible candidates during the month of February in the year of the examinations.

4. Notices of acceptance for admission to Part II examinations are mailed to eligible candidates during the month of November in the year preceding the examinations.

5. Questions of eligibility for examinations are decided by the Committee on Eligibility of the board. This committee meets twice yearly. The secretary is not empowered to rule on questions of eligibility.

VI. Examinations

1. Part I examinations are held once yearly, usually in April or May, in various centers in the United States.

2. Part II examinations are held once yearly, usually in one center, immediately preceding the meeting of The American Academy of Orthopaedic Surgeons.

VII. Certification

1. Applicants who successfully pass Part I examinations will receive no certificate but will be notified by letter by the secretary.

2. Applicants who successfully pass Part II examinations receive a Certificate of the Board which states that they have been found qualified to practice the specialty of orthopedic surgery in those fields in which they have been trained and examined.

3. Candidates obtaining certification without training and examination in children's orthopedic surgery may subsequently add certification in children's orthopedic surgery by completing a minimum of one year of approved resident orthopedic training in children's orthopedic surgery and successfully passing examination in that field. A practice period of one year is required following completion of resident training, prior to examination for additional certification.

VIII. Approved Residencies

1. In the United States, resident training must be taken in institutions approved for resident training in orthopedic surgery by the Council on Medical Education and Hospitals of the American Medical Association. All approved institutions are listed at frequent intervals in the Internship and Residency number of The Journal. Lists may be obtained from the American Medical Association and are not obtainable from the board.

2. The integral parts of approved residencies are designated in lists by the following symbols: A—Adult Orthopedic Surgery; C—Children's Orthopedic Surgery; F—Fracture Surgery; and S—Basic Science training. Approved lengths of training in institutions is also designated.

3. Candidates electing an additional year of training in adult orthopedic surgery and fracture surgery in lieu of a year in children's orthopedic surgery may satisfy requirements by continuing their training beyond the designated approved length of time in institutions approved for adult orthopedic surgery or adult orthopedic surgery and fractures.

4. Credit for resident training is not retroactive. Candidates must receive resident training in institutions during periods that such institutions are on the approved list. If candidates are in training at institutions at the time that such institutions become approved, resident training credit may be granted from the start of the training period provided that the program is judged to have been satisfactory.

5. Candidates in resident training, or possessing signed contracts for future resident training in institutions which become disapproved, either in whole or part, receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" when the position occupied and the work performed is equal in all functions. Fellowships in institutions having residents, in which training and responsibilities are not equal, are not credited as resident training.

7. Institutions approved for resident training in orthopedic surgery by the Council on Medical Education and Hospitals of the American Medical Association may, with prior acceptance by the American Board of Orthopaedic Surgery and notification

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to the Council, utilize the training facilities of institutions not individually approved for resident training by the aforementioned Council, provided that:

(*a*) The training supplements services in the same categories in which the institution responsible for training is approved by the Council.

(*b*) The resident spends at least half of the minimum required time in each category of training in institutions approved by the Council.

8. Foreign residencies must satisfy the American Board of Orthopaedic Surgery.

9. Application for approval of the training facilities of any institution must be made to the Council on Medical Education and Hospitals of the American Medical Association, and inspection of such facilities is made by representatives of the Council. Final approval is a joint function of the Council and the American Board of Orthopaedic Surgery.

IX. Requirement of Resident Orthopedic Training

1. Institutions approved for full three year programs including all parts of the training requirements may integrate all parts so that they are given concurrently.

2. Institutions now approved for less than three years of orthopedic resident training should arrange with other approved institutions to provide complete three year programs for all residents. It is planned that such desirable complete programs, with their participating institutions, will be listed separately.

3. The minimum requirements of resident orthopedic training are as follows:

(*a*) One year of training in adult orthopedic surgery.

(*b*) Six months of training in the basic sciences.

(*c*) Six months of training in fracture surgery.

(*d*) One year of training in children's orthopedic surgery or, if elected, an additional year of training in adult orthopedic surgery and fracture training in place of training in children's orthopedic surgery.

4. Candidates who elect an additional year of training in adult orthopedic and fracture surgery instead of a year in children's orthopedic surgery may satisfy the requirements by taking the additional year of training in adult orthopedic surgery or six months of adult orthopedic surgery and six months of fracture surgery, but may not take the entire year of training in fracture surgery.

5. Training in adult and children's orthopedic surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of orthopedic problems.

6. Training in fracture surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of recent and old fractures.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry as these basic sciences apply to orthopedic surgery.

8. Candidates may complete the training requirements by training in several approved institutions provided that all the aforementioned minimum requirements are satisfied on approved services.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except a few short courses on the board's approved list and recognized supplementary services of approved institutions.

10. Candidates in resident training may not engage in private practice.

11. Candidates in resident orthopedic training must receive their training in institutions and may not receive credit for time spent assisting in private office practice, which is considered as preceptorship training.

12. Candidates trained on accelerated programs during the war years are credited with one year of training for each nine months' residency on established accelerated programs.

X. Requirements of Preceptorship Training

1. The preceptor must possess certification by the American Board of Orthopaedic Surgery.

2. The practice of the preceptor must be extensive enough to give the candidate experience in all phases of orthopedic practice.

3. The preceptor must devote special periods of time each week, outside of the routine hours employed in hospitals and office practice, to assist the candidate with organized courses of study similar to those received during resident training.

4. If facilities and instruction in the related basic sciences are not available, the candidate must spend a minimum of six months as a student in an institution approved for basic science training in orthopedic surgery.

5. The candidate must train as a full time assistant to the preceptor and may not maintain a separate office or engage in individual practice.

6. The minimum training period in orthopedic surgery under the preceptorship program is five years, after which time the candidate may file application for Part I examinations.

7. The minimum practice period required for candidates trained under the preceptorship program is five years, after which time the candidate may file application for Part II examinations. This makes a minimum total of 10 years from the start of orthopedic training to eligibility for Part II examinations.

8. The practice period may be satisfied in individual private practice or in assistantship or partnership as desired by the candidate.

9. Candidates who combine preceptorship training with approved resident training receive credit for the preceptorship portion of their training only if it totals a minimum of two years. Two years of preceptorship training are credited as the equivalent of one year of resident training. The practice period requirement is likewise evaluated so that three years of practice are required if the candidate submits two years of preceptorship and two years of resident training, and four years of practice are required if four years of preceptorship and one year of resident training are submitted.

XI. Sequence of Examinations and Practice Requirements

1. No person may take Part II examinations until after successful completion of Part I examinations.

2. Successful completion of Part I examinations in no way obligates the board to declare a candidate eligible for Part II examinations.

3. Regardless of how extensive or prolonged a practice a candidate may have had prior to completing the training requirements, such time may not be credited toward practice requirements. All practice requirements must be satisfied subsequent to completion of training requirements.

4. Candidates may not be admitted to examinations on the basis of prolonged practice but must qualify on the basis of formal training in one of the categories previously detailed.

XII. Practice Requirements

1. Candidates must maintain high ethical and professional standards.

2. Candidates must strive to increase their scientific knowledge.

3. Candidates must limit their practice to orthopedic surgery.

4. Candidates who have had no approved training in children's orthopedic surgery must confine their practice to fracture and adult orthopedic surgery.

5. Candidates trained in resident orthopedic training are required to complete a minimum of two years of orthopedic practice subsequent to the completion of their formal training before becoming eligible for Part II examinations.

6. Candidates in private or institutional practice must spend a minimum of 14 months in one locality immediately prior to application in order that practice may be properly evaluated.

7. Candidates employed full time in institutions may satisfy practice requirements by serving a minimum of two years, but minimum requirements may not be satisfied by mixing full-time institutional work with preceding or subsequent time in private practice.

8. Candidates trained by preceptorship are required to complete a minimum of five years of orthopedic practice before becoming eligible for Part II examinations. The practice period may be independent of the preceptor.

XIII. Method of Examination

1. Part I examinations consist of a written examination and oral examinations. Material covered includes fundamental surgical principles, elementary fracture and orthopedic procedures, history-taking and physical examinations as well as those parts of anatomy, pathology, physiology and biochemistry related to orthopedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) physiology and biochemistry, (*d*) surgery and (*e*) fractures and orthopedic surgery.

2. Part II examinations consist of a written examination and oral examinations. Material covered includes advanced work in all phases of orthopedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) children's orthopedic surgery, (*d*) fractures and (*e*) adult orthopedic surgery.

3. Candidates who have not had approved training in children's orthopedic surgery will not be examined in that branch of orthopedic surgery.

4. Candidates are notified by letter as to whether they passed or failed in the examinations. No information regarding results is available until such letters are mailed.

5. Results of integral parts of examinations are not available to either candidates or diplomates of the board.

6. Candidates who have passed Part I examinations are required to take Part II examinations within a 10 year subsequent period. If there is a lapse of more than 10 years, candidates must repeat Part I examinations and must then become eligible by the requirements then in force.

XIV. Reexaminations

1. Applicants who fail to pass Part I or Part II examinations may be reexamined a second or third time in each Part, but must pay the prescribed examination fee each time of reexamination.

2. Applicants who fail to appear for second and, if necessary, third reexaminations within three years after first failure must submit new applications with the appropriate fees.

3. After three successive failures in Part I or Part II examinations, applicants must present evidence of additional orthopedic training satisfactory to the board before submitting new applications.

XV. Military Service

1. Medical officers who have elected service in the military forces as their life careers compete for certification on the same basis as do doctors in civilian practice.

2. Doctors who served for a minimum of one year in the military forces during the war years, between Jan. 1, 1941, and July 1, 1946, are granted a bonus of one year of practice credit, provided that the same time is not used for resident training credit.

3. Applicants who served in military hospitals whose service is judged by the board to have been equal to that of approved resident orthopedic training, and who were on such service for a minimum of one year between Jan. 1, 1941, and July 1, 1946, may be granted credit for one year of resident orthopedic training, provided that the same time is not used for practice credit. Applicants requesting such credit must submit completed "Record of Professional Assignments" booklets with their applications.

4. No applicant may be granted more than one year of resident training credit and one year of practice credit for military service during the war years.

5. After July 1, 1946, credit for orthopedic training must have been or must be obtained by assignment as residents in military hospitals on the approved list for resident orthopedic training, the same as in civilian life.

6. Medical officers assigned to civilian institutions on the approved list for resident orthopedic training receive the same credit as do civilian candidates.

7. Medical officers who have elected service in the military forces as their life careers must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopedic surgery.

XVI. Records of Surgical Cases and Inspections

1. Records of a specified number of consecutive surgical cases may be requested by the board in order to evaluate properly the work of an applicant.

2. A representative of the board may visit a community in order to evaluate properly the work of an applicant.

AMERICAN BOARD OF OTOLARYNGOLOGY

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General Requirements

The following general qualifications of candidates for examination are required by the board:

1. A candidate must have been a citizen of the United States or the Dominion of Canada for three years or more.

(*a*) A candidate must have been a graduate five years or more of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A candidate must be of known good moral character and be ethical in his professional relationships.

(*c*) A candidate trained in a foreign country must be able to give proof of medical and graduate training comparable to the requirements of the Board.

(*d*) A candidate from the United States or the Dominion of Canada must be a member of the American Medical Association or of the Canadian Medical Association respectively or other such medical societies of equal standing as are recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Candidates from foreign countries, who have received their training in otolaryngology in the United States are eligible for examination at the discretion of the board, providing they show proof that they are permanent residents and citizens of their respective foreign countries and provided they meet the general academic requirements of the board.

SPECIAL REQUIREMENTS

1. A candidate must have had a general internship, of at least one year, in a hospital approved by the Council on Medical Educations and Hospitals of the American Medical Association.

2. A candidate must be proficient in the applied basic sciences, fundamental to the intelligent practice of otolaryngology. These include anatomy of the ear, nose and throat, neck, chest, esophagus and nervous system, gross pathology and histopathology, bacteriology, physiology, didactic otolaryngology and the general fundamentals of surgery. (This requirement may be fulfilled in a residency or fellowship service or in an approved organized postgraduate course.)

3. In addition to the general internship, the required clinical training in otolaryngology may have been acquired in any of the following ways:

(*a*) A three years' approved residency or fellowship in otolaryngology approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A four years' approved residency or fellowship in otolaryngology and ophthalmology approved by the Council on Medical Education and Hospitals of the American Medical Association, provided one half of the training has been in otolaryngology.

(*c*) A two years' approved residency or fellowship in otolaryngology or a three years' approved combined residency or fellowship in otolaryngology and ophthalmology, provided two years have been in otolaryngology and have been preceded by at least one year's residency training in surgery or medicine, or by an additional year in an approved internship.*

4. In exceptional circumstances certain candidates who cannot meet all of the above requirements may be accepted for examination, on recommendation of the Credentials Committee, substantiated by action of the board.

5. At least one year must be spent in private, group or institutional practice of otolaryngology following the period of special training. This requirement may be waived in cases of candidates of foreign countries who are permanent residents and citizens of their respective countries and who are returning there for the practice of otolaryngology.

6. A candidate may be qualified for examination, at the discretion of the American Board of Otolaryngology, if in addition to the General Requirements and Special Requirements, no. 1 and 2, he has limited his practice to otolaryngology for seven years in association with a hospital staff approved by the Council on Medical Education and Hospitals of the American Medical Association.

* See Standards for Residencies in Otolaryngology published by the American Medical Association.

7. A limited certificate in one of the subspecialties of otolaryngology may be issued, at the discretion of the board, to an exceptionally well qualified individual, in the special field in which the certificate is desired.

All candidates must comply with current board regulations, regardless of the time of filing application.

APPLICATION AND FEES

1. Application must be made in duplicate on special blanks procured from the secretary. The completed application blanks must be returned to the secretary, together with the other required credentials, at least 120 days in advance of the examination at which the candidate desires to appear.

2. The applications must be accompanied by two small photographs of the candidate, together with *verification* of the period of enrolment from the institutions where training in otolaryngology was obtained, and the names of two or more otolaryngologists, preferably diplomates of the board, from the vicinity of the candidate's place of residency, to be used as references.

3. The fee for the examination is $150. Of this sum $75 must accompany the application, of which $50 shall be returned if candidate is not accepted for examination. No application will be acted on until the $75 application fee is received. The remaining $75 of the total examination fee of $150 must be paid to the secretary on notification that the candidate has been accepted. A reexamination fee of $75 is required of candidates conditioned in one or more subjects.

4. The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expense.

5. The application remains valid for three years. An applicant must appear for examination within this time or forfeit the fee.

6. Candidates whose credentials have been found satisfactory and who meet the requirements of the board will be notified 90 days prior to the date of examination. The number of candidates who can be admitted to any one examination is limited. Due to a large number of applications on file, delay in assignment for examination may be inevitable. Appointments will be given in the order applications are accepted and on payment of the balance of the examination fee.

7. The board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the board shall be final.

EXAMINATION

Examinations will be held at such time and place as the judgment of the board may dictate. Advance notice of examinations will be given in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the several special journals devoted to otolaryngology. Insofar as is possible these will be held biannually at, or near, the time and place of meeting of the American Medical Association, or special societies, and of the American Academy of Ophthalmology and Otolaryngology. The examinations cover from two to four days.

Scope.—This examination encompasses all phases of otolaryngology and peroral endoscopy, including maxillofacial surgery, and surgery of the neck, excluding the thyroid.

The type of examination is as follows:

1. Clinical, covering the actual handling of patients, including history taking, physical and functional examinations, the use of laboratory and x-ray findings and a discussion of differential diagnosis.

2. Didactic, oral examinations covering all phases of otolaryngology.

3. Gross and microscopic pathology.

4. A written examination may be included when the board deems this advisable.

REEXAMINATION

A candidate who is conditioned in examination may be admitted to a subsequent examination after one year and within the three year period dating from his application, on payment of an additional fee of $75 and 120 days' notice of intention to appear is required.

Candidates who have failed in the examination may be accepted for reexamination on recommendation of the Credentials Committee. Satisfactory evidence of further study and progress will be required. A new application must be filed. The fee for reexamination for such candidates is $150, $75 of which must accompany the application. The balance of the fee, $75, will be due on notification of acceptance.

CERTIFICATION

1. A certificate granted by the board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice otolaryngology, nor does the board intend or attempt in any way to interfere with or limit the professional rights and activities of any duly licensed physician. Its aim is to improve the standards of practice of otolaryngology and to certify as specialists those who voluntarily comply with its requirements and regulations.

2. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

AMERICAN BOARD OF PATHOLOGY

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A. GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. Membership or associate membership in the American Medical Association or membership in a national society acceptable to the board by citizens of the United States. (At present, these include American Association of Pathologists and Bacteriologists, American Society of Clinical Pathologists, American Medical Association, or American Society for Experimental Pathology.) For citizens of other countries, membership in a national medical society of that country is required.

4. The applicant must devote his time primarily and principally to the practice of pathology.

B. PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a medical school in other countries acceptable to the board.

C. SPECIAL TRAINING AND EXPERIENCE

1. The board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience.

(*a*) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board; or

(*b*) After eleven years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(*a*) Pathologic anatomy only.

(1) Four years of supervised study and training in an institution approved for residency training in pathologic anatomy by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed twelve months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year which may be a continuation of the preceding or may be independent practice of pathologic anatomy in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*b*) Clinical pathology only.

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctorate degree in a special field of clinical pathology (bacteriology, serology, chemistry, parasitology or hematology) may obtain time credit for not more than twelve to twenty-four months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*c*) Pathologic anatomy and clinical pathology.

(1) Four years of supervised study and training divided as follows:

(*a*) Two years of supervised study and training in pathologic anatomy as outlined in the preceding paragraph 2-(*a*)-(1).

(*b*) Two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(*b*)-(1). Candidates declared eligible before July 1, 1953, may at their own election substitute one year (twelve months) of a straight or rotating clinical internship for one year of this special training in clinical pathology. After July 1, 1953, all candidates applying for both pathologic anatomy and clinical pathology will be required to have two years of supervised training in clinical pathology.

(2) One additional year which may be a continuation of the preceding or may be independent practice of both pathologic anatomy and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board. After July 1, 1953, candidates who elect to claim credit for one year for a clinical internship must take this fifth year as supervised study and training in clinical pathology in institutions approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates declared eligible after July 1, 1953, who do not take a clinical internship, may, after four years of training as outlined in 2-(1)-(*a*) and (*b*), spend the fifth year in independent practice in an institution or laboratory acceptable to the board.

NOTE.—As outlined in the preceding paragraphs, the total time requirements of the board are unchanged after July 1, 1953, namely, five years of study or practice after graduation from medical school, with exceptions noted in sections 2-(*a*)-(1) and 2-(*b*)-(1).

3. The specific requirements for those acceptable after eleven years are as follows:

(*a*) The practice of pathology under circumstances acceptable to the board for a period of not less than eleven years. At the

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election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the eleven years. For those candidates in this category who have had some special study and training in pathologic anatomy or clinical pathology acceptable under paragraphs 2-(*a*), (*b*) or (*c*), double time credit will be allowed. Thus, if a person has two years of acceptable supervised study and training, only seven years of practice are required.

D. Special Qualifications

1. Prior to Dec. 31, 1947, the board at its discretion certified candidates without examination, if the following conditions were met as of July 1, 1939:

(*a*) That the candidate has been for a period of five years of professorial rank in a department of pathology in an approved medical school; or

(*b*) That the candidate had been practicing pathology for ten years in a senior position in a hospital having an adequate department of pathology, approved by the Council on Medical Education and Hospitals of the American Medical Association or in an institution acceptable to the board.

Credit for Military Service

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

Subspecialties of Pathology

(In Force After July 1, 1948)

Candidates who have met all general requirements and who have successfully passed the examination in pathologic anatomy and clinical pathology may apply for special designation of a subspecialty of pathologic anatomy or clinical pathology. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination, will issue a certificate designating the subspecialty, reading "Pathologic Anatomy (Neuropathology)," "Clinical Pathology (Clinical Bacteriology)," etc.

Candidates who have met all general requirements and who have had five years of special training and experience in a special field of pathology which is acceptable to the board may apply to the board for certification in that special field. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination, will issue a certificate reading "Neuropathology," "Clinical Bacteriology," etc.

Application Blank and Fee

Application must be made on the special form which may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the board unless it is accompanied by the application fee.

The application or examination fee for candidates is $50. If the candidate fails in his examination he will be admitted to a second examination after one year, but not later than three years, without additional fee. After two reexaminations, the applicant must file a new application and pay an additional fee before a fourth examination will be given.

The application fee of $50 has been determined after careful consideration and is based on actual estimates of the expenses of examination and administration. None of the board members receive any compensation for their services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

Examinations

Written and oral examinations will be held at the discretion of the board at or near the time and place of national medical meetings. If a number of applications from any region of the country are received, an examination in conjunction with a national medical meeting in that section will be arranged so that the financial outlay of the applicant in meeting the examiners will be as small as possible.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technic. The applicant may apply for certification in either pathologic anatomy or clinical pathology or both.

The examinations in pathologic anatomy consist of a written test, an oral examination on gross pathology and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, serology and clinical microscopy.

Definitions

1. Pathologic anatomy is that branch of pathology which deals with the morphologic aspects of disease, recognition being given that that definition covers two phases of pathology.

(*a*) The applied phase with special attention to the description and diagnosis of gross and microscopic specimens.

(*b*) The academic phases of teaching and general morphologic diagnosis.

2. Clinical pathology is that branch of pathology which deals with bacteriology, immunology, clinical chemistry, parasitology, hematology, endocrinology and clinical microscopy, the application of the physical and biologic sciences to the diagnosis, prognosis and treatment of disease.

Board Not an Educational Institution

The board is in no sense an educational institution and the certificates of the board are not to be considered degrees. Therefore, the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of pathology. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician. Its chief aim is to standardize the qualifications for the specialty of pathology and to issue certificates to those voluntarily complying with the requirements of the board.

Criteria for Approval of Institutions for Training in Pathology

In Sections C-2-a, C-2-b, and C-2-c of the General Requirements, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the Internship and Residency Number of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the Director of Laboratories and the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the

size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved, and the quantitative standards will determine whether the approval is for 1, 2, 3 or 4 years of credit toward the requirements of the board.

In evaluation of applications the board takes into consideration the following criteria:

1. Director of laboratories or pathologist:
   (*a*) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved, or be eligible for certification, and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology where he and the residents have an opportunity to participate in the educational program;
   (*b*) In special instances, the equivalent of full time by two or more qualified individuals will be accepted and one person need not spend the entire working day in the laboratory;
   (*c*) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories if it is apparent that a satisfactory training program can be conducted;
   (*d*) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.
2. Technicians:
   There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.
3. Floor space of laboratory:
   In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 square feet of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.
4. Equipment for the laboratory:
   The variety and completeness of laboratory tests performed depends on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patients.
5. Autopsy percentage:
   No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.
6. Examination of surgical specimens:
   All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.
7. Indices:
   There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.
8. Museum:
   There should be available fixed anatomic and pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.
9. Library:
   A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.
10. Educational program:
    The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathologic conference must be held at least every 2 weeks.
11. Volume of laboratory work:
    (*a*) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the board that less material than this is inadequate for the training of a pathologist.
    (*b*) In the field of clinical pathology, there should be a reasonable diversification of tests and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.
    (*c*) In the field of pathologic anatomy, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20 per cent of the minimum required in the ratio of 1 autopsy to 75 surgical specimens. Thus in a hospital approved for one year in pathologic anatomy and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for 1, 2, 3 or 4 years of training in pathologic anatomy, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both pathologic anatomy and clinical pathology for 4 years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for 4 residents. Additional resident for each 50 autopsies or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY B. In both pathologic anatomy and clinical pathology for 3 years. This meets all requirements of the board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or pathologic anatomy, in another hospital, which is approved for the deficiency of training required.

Minimum: 125 autopsies, 1,500 surgical specimens and 50,000 tests in clinical pathology for 3 residents. Additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY C. In both pathologic anatomy and clinical pathology for 2 years. Candidates taking two years in these institutions must have an additional year (2 years after July 1, 1952) in an institution in category A, B or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for 2 residents. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY D. In both pathologic anatomy and clinical pathology for 1 year. Candidates taking training in these institutions must have an additional 2 years (3 years after July 1, 1952) in institutions which are approved for the deficiency of training required.

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Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for 1 resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY E. In pathologic anatomy only, for 3 or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (2 years after July 1, 1952) is taken in clinical pathology in institutions which are approved for the deficiency of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for 3 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In pathologic anatomy only, for 2 years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (2 years after July 1, 1952) in institutions which are approved for the deficiency of training required, and will be eligible in pathologic anatomy only if another year is taken in another institution which is approved for one or more years in pathologic anatomy.

Minimum: 125 autopsies and 1,250 surgical specimens for 2 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In pathologic anatomy only, for 1 year. Candidates training in these institutions will not be eligible in both pathologic anatomy and clinical pathology unless they take an additional year in pathologic anatomy and an additional year (2 years after July 1, 1952) in institutions which are approved for these periods of training. Candidates seeking certification in pathologic anatomy only must study an additional 2 years in institutions which are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for 1 resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of pathologic anatomy for 2 years. Credit is never allowed for more than 2 years. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional year in an institution in Category A, B, C, E, F or G with assignment to surgical pathology principally. 2. For pathologic anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and ½ year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for 2 residents. An additional resident for each 60 autopsies.

CATEGORY I. For postmortem part of pathologic anatomy for 1 year. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional two years in an institution in Category A, B, C, E, F or G with general assignments. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and 1 year to an institution in Category A, B, C, E, F or G.

Minimum: 75 autopsies for 1 resident.

CATEGORY J. Surgical pathology part of pathologic anatomy for 1 year. Credit is never allowed for more than 1 year and the director of the laboratory must hold the certificate of the American Board of Pathology in pathologic anatomy or be eligible for certification. Candidates training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional 2 years in an institution in Category H or in an institution of Category A, B or C with assignment to postmortem pathology only. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for 1 resident. An additional resident for each 1,000 surgical specimens.

Category K. Special pathology as part of pathologic anatomy. Credit for not to exceed ¼ the time credit (1 year if seeking certification in pathologic anatomy only, 6 months if seeking both pathologic anatomy and clinical pathology) of candidates applying in pathologic anatomy may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the board.

CATEGORY L. Clinical pathology for 3 or more years. Candidates taking 3 years of training in these institutions will not be eligible for pathologic anatomy unless they take an additional 2 years in institutions approved for pathologic anatomy.

Minimum: 100,000 tests in clinical pathology for 3 residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for 2 years. Candidates taking two years' training in these institutions must take the same additional training as in Category L to be eligible for pathologic anatomy also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for 2 residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for 1 year. Candidates taking training in these institutions must take an additional 2 years in an institution in Category A, B, C, L or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in pathologic anatomy and clinical pathology, an additional 2 years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for 1 resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of ¼ of the training period (1 year if seeking certification in clinical pathology only, six months if seeking both pathologic anatomy and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, serology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of pathologic anatomy or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full time research.

AMERICAN BOARD OF PEDIATRICS

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REQUIREMENTS FOR CERTIFICATION [1]

All candidates for examination for certification must meet the following requirements:

1. Graduation from an approved medical school.

2. One year of rotating, pediatric or other internship in an approved hospital.

1. To avoid misunderstanding, the board urges any candidate whose training is not clearly covered in these regulations to communicate with the office of the executive secretary. Whenever possible, this should be done before entering upon the appointment in question.

3. Two years of specialized residency-type training in an approved pediatric center.

On May 1, 1946, it was ruled that at least one year of the two years of required residency training must be a full time medical pediatric in-patient residency or internship in an approved institution. Because of the shortage of residencies, the board at this time voted that "temporarily" the second year of required residency training might be met in the ways listed below, although the board recommends that whenever possible candidates complete the two years as regular residents.

(*a*) All applicants admitted to approved graduate or postgraduate courses in pediatrics on or after July 1, 1950, shall receive residency training credit for that number of months actually spent in full time attendance at such courses, in excess of three months and up to a maximum of twelve months. No credit shall be granted for part time graduate or postgraduate courses. Courses of less than three months are credited only under special circumstances.

(*b*) A maximum of three months' credit each is allowed for full time residency type training in allied pediatric subjects, such as pediatric allergy, pediatric psychiatry, pediatric pathology, pediatric cardiology, newborn service, etc.

(*c*) A maximum of six months' credit is allowed for residency training in an approved contagious disease hospital.

4. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year toward this requirement is allowed for medical military service regardless of the assignment. Credit in excess of one year may be granted if the medical officer is engaged in full-time pediatrics, or may be prorated if a considerable proportion of time is spent in pediatrics. It must be noted, however, that the maximum credit that any candidate may receive toward the practice requirement for work done prior to the completion of residency training is one year.

Attention is invited to the fact that the primary duty of the resident must be the care of patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies which involve little or no clinical training are creditable for only three months. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching fellowships may not be offered in lieu of residency appointments.

Both research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of the practice or further study requirement. Portions of a research residency not applicable for residency training credit may be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

The board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes responsibility for care of patients on ward and outpatient services, experience with newborn, including prematures, and both therapeutic and preventive pediatrics. It is expected that the service will include adequate graduate training in the basic medical sciences, as well as in the clinical, laboratory and public health aspects of the specialty.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country. Effective Jan. 1, 1953, candidates must pass the written examination before admission to the oral examination will be authorized. In case of failure, the written examination may be retaken at yearly intervals for a total of three times.

PART II—ORAL

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of location, taking into account date application is filed, date of eligibility and proximity to the examination site.

APPLICATION

Application must be made on special blanks which will be furnished by the executive secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of eligibility date, they will not be accepted earlier. The number of candidates admitted to a given written examination will be determined by the number who can be examined orally during that year, plus a reasonable number of alternates. The January, 1952, written examination list was filled by September, 1951.

FEES

The application fee is $100.00.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused examination for reason other than failure in the same.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50.00 each.

Members of the board receive no financial recompense of any kind beyond their travel expenses to examinations and board meetings.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the board and a decision concerning subsequent procedure will be made.

Applicants who fail an oral examination become eligible for a second examination after a year has elapsed. After a second failure another examination will be permitted in one year. Before becoming eligible for a fourth examination a candidate must serve one year in a full-time medical inpatient residency in an approved institution. He must then reapply as a new candidate and pay a new fee.

LETTERS OF RECOMMENDATION AND BIBLIOGRAPHY

Letters from two competent pediatricians recommending each applicant must be sent to the executive secretary of the board. These letters should not accompany the application, but should be sent directly to the executive secretary. No member of the board, or official examiner, may recommend any applicant.

A list of papers or books published should be sent in with the application blank.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects, but since good practice is founded on sound scientific data, the candidate must be prepared to demonstrate that he has a working knowledge of these basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase of the subject. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "cases."

Candidates who are admitted to the oral examination (Part II) will not be informed of their grade on the written portion. Their relative standing in Part I will, however be utilized in the final decision with regard to passing.

Candidates who fail after taking Part II will not be required to retake Part I but may be advised to do so in order that they may have an opportunity to improve a low score.

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CERTIFICATE—NOT A DEGREE

Certificates granted are in no sense degrees, nor do they purport to confer on any person any legal qualification, privilege or license to practice pediatrics. Neither does the board intend in any way to limit the activities of any licensed physicians. It is merely attempting to standardize qualifications and to issue certificates to those who voluntarily comply with the requirements. Hence the fact that a physician holds a certificate of the board places no obstacle in the path of participation in community or hospital emergency coverage plans, nor does it place any restriction on holding the certificate of another board.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY BY THE AMERICAN BOARD OF PEDIATRICS, INC.

MEMBERS—SUBSPECIALTY BOARD OF PEDIATRIC ALLERGY

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WILLIAM C. DEAMER, San Francisco.
JEROME GLASER, Rochester, N. Y.
JAMES OVERALL, Nashville, Tenn.
BRET RATNER, New York.
ALBERT STOESSER, Minneapolis, Minn.

The American Board of Pediatrics, Inc., has established certification in allergy as a subspecialty of pediatrics.

All candidates must pass the written and oral examinations in pediatrics before submitting an application for examination in allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATIONS

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before admission to the oral examination will be authorized. Oral examinations will be held at times and places designated by the Chairman of the Subspecialty Board. Ample notice will be sent to candidates by the executive secretary.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Reexaminations may be taken one and two years later. After a third failure, the situation will be reviewed by the board and a decision concerning subsequent procedure will be made.

Applicants who fail an oral examination become eligible for a second examination after a year has elapsed. After a second failure another examination will be permitted in one year. Before becoming eligible for a fourth examination a candidate must serve one year full time in a satisfactory allergy clinic and its hospitals including training in both allergy and pediatrics.

FEES

The application fee for certification in allergy will be $100.00 effective July 1, 1952.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused examination for reason other than failure in the same.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50.00 each.

Members of the board receive no financial recompense of any kind beyond their travel expenses to examinations and board meetings.

Application forms will be forwarded on request to the office of the executive secretary and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

1. Completion of two years of approved residency training in pediatrics.

2. Two years full time in a satisfactory allergy clinic and its hospital, including training in both allergy and pediatrics, or

3. One year full time in a satisfactory allergy clinic and its hospital, and two additional years of full attendance in a satisfactory allergy clinic and its activities, or

4. Five years attendance of not less than 300 hours per year at an allergy clinic associated with an approved medical school or in hospital clinics specifically approved for this purpose.

5. Preceptorship training alone is not acceptable. It may be utilized in combination with the methods outlined in paragraphs three and four above or with a full time formal graduate or postgraduate course in allergy to satisfy portions of the second and third years in three, or one of the five years in four.

The clinics should be in hospitals that have been accepted by the Council on Medical Education and Hospitals of the American Medical Association, and by the American Board of Pediatrics for training and certification in Pediatrics.

In general, a satisfactory allergy clinic is one which is headed by a certified allergist.

Under all methods of study, there must be presented evidence of serious work in research or clinical investigation, to demonstrate interest and industry in the study of allergy.

NATURE OF EXAMINATIONS

The candidates must expect a searching examination in both the theory and practice of allergy. This means that they must come prepared to do physical examinations on selected patients, take histories, and to discuss all details in diagnosis and treatment on the patients that have been assigned to them. In addition they may be called upon to discuss any theoretical question that the examiners may choose to bring up.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in allergy and will be listed as a specialist in allergy.

Prospective applicants for certification in the subspecialty of allergy may apply to the executive secretary of the American Board of Pediatrics.

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A. B. C. KNUDSON, Washington, D. C.
WALTER M. SOLOMON, Cleveland.
ARTHUR L. WATKINS, Boston.
WALTER J. ZEITER, Cleveland.
EARL C. ELKINS, Secretary-Treasurer, 30 North Michigan Ave., Chicago 2.

QUALIFICATIONS FOR ELIGIBILITY TO EXAMINATION FOR CERTIFICATION

Each applicant for admission to the examination shall be required to present evidence that he has met the following standards:

1. GENERAL

A. Satisfactory moral and ethical standing in the profession.

B. Membership in the American Medical Association or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. (Exceptions to the foregoing qualifications shall be made by the American Board of Physical Medicine and Rehabilitation for good and sufficient reasons.)

2. PROFESSIONAL

A. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

B. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same council.

3. SPECIAL TRAINING

A. A period of study after the internship of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the same Council and by the American Board of Physical Medicine and Rehabilitation as competent to provide a satisfactory training in physical medicine and rehabilitation. Each year of training in such an approved program counts as two units against a total of eight units necessary for eligibility to both Parts I and II of the examination (see below). A total of only six credits may be earned in this manner.

B. This period of specialized preparation shall include: (1) graduate training in anatomy (including kinesiology and functional anatomy), physics (including radiation physics, electronics and medical instrumentation), physiology, pathology and other basic sciences which are necessary to the proper understanding of physical medicine and rehabilitation; (2) an active experience of not less than two years in hospitals, clinics, dispensaries and diagnostic laboratories recognized by the Council on Medical Education and Hospitals and the American Board of Physical Medicine and Rehabilitation; (3) the written and oral examinations, given by the American Board of Physical Medicine and Rehabilitation, shall include questions concerning the basic sciences, clinical practice and laboratory and public health problems as related to physical medicine and rehabilitation.

C. An additional period of not less than two years of practice in physical medicine and rehabilitation. One unit of credit is granted for each year of practice in physical medicine and rehabilitation.

D. Experience comparable to specialized training. Training in approved residency programs in closely allied medical surgical fields may be acceptable in whole or in part, but maximum credit is limited to two units. In selected cases, at the discretion of the Board, two years of specialization in physical medicine and rehabilitation may be accepted as equivalent to one year formal training.

METHOD OF EXAMINATION

The examination for certification by the American Board of Physical Medicine and Rehabilitation is given in two parts. Part I is written, Part II, oral. Part I alone may be taken after the completion of six units of credit. Upon the completion of Part I, Part II may be taken after an additional two units of credit are obtained. Parts I and II combined may be taken only after a total of eight units of credit have been obtained.

The written and oral examination will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation.

A. The basic sciences as related to physical medicine and rehabilitation will include:

(*a*) Anatomy (including kinesiology and functional anatomy).

(*b*) Physics (including radiation physics, electronics and instrumentation).

(*c*) Physiology (including physiology of movement and physiologic effect of the various physical agents used in physical medicine and rehabilitation).

(*d*) Pathology.

(*e*) Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine and rehabilitation.

B. The clinical aspects of physical medicine and rehabilitation will include:

(*a*) Those diseases and conditions that come within the field of physical medicine and rehabilitation. These include arthritis and the various rheumatic diseases, neuromuscular diseases such as poliomyelitis, cerebral palsy, and paraplegia, and musculoskeletal diseases, including the large group of traumatic and orthopedic conditions.

(*b*) The clinical usage of such physical agents as heat, water, electricity, ultraviolet radiation, massage and exercise, etc.

(*c*) An understanding of the basic principles of physical medicine and rehabilitation and the ability to coordinate the services of such personnel as clinical psychologist, social service worker, vocational guidance worker, etc.; the ability to prescribe specifically the therapy for patients for execution by the technical and ancillary personnel in a department of physical medicine and rehabilitation.

(*d*) A knowledge of the use of associated personnel within the field of physical medicine and rehabilitation such as the physical therapist, occupational therapist, clinical psychologist, and social service worker. This knowledge must include the ability to specifically prescribe patient care for execution by these therapeutic and technical groups.

APPLICATION

The application form shall contain a record of the candidate's premedical and medical training as well as of internships, graduate study, hospital or dispensary staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, membership in medical societies, medical papers published, and the names of three well known physicians to whom the board may write for professional and character references. Three letters of reference must be submitted with the application.

The application shall also be accompanied by one recent signed photograph of the candidate mounted on the application and the registration and examination fee of $100, which fee will cover both the written and oral examinations. (In case of rejection of application, this fee will be refunded with the exception of $15, which will be considered as a registration fee.)

CERTIFICATES

The certificate issued by the American Board of Physical Medicine and Rehabilitation shall be in such form as to comply with the articles of incorporation and bylaws and shall be signed by the chairman and the secretary-treasurer of the board and shall bear the official seal of the board.

Certificates of the board shall be issued to the effect that the applicant has been found qualified to practice physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

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BRADFORD CANNON, Secretary-Treasurer, 330 Dartmouth St., Boston 16.
ESTELLE E. HILLERICH, Corresponding Secretary, 4647 Pershing Ave., St. Louis 8.

REQUIREMENTS

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This board will accept as applicants for examination only those who are full citizens of the United States or Canada. Notarized statements, not original citizenship papers, attesting to the fact of full citizenship in the United States or Canada must

be furnished by foreign born applicants when the application is filed. Such candidates must have at least two years of practice in plastic surgery in North America after completing the training required by the board.

PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

The board considers the requirements outlined below to be minimal in attaining its purposes, and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements which are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the board.

2. Completion of an internship of not less than one year in a hospital approved by the same Council, or what would constitute in the opinion of the board the equivalent of such training.

3. Two years of postgraduate work in general surgery beyond the intern year, as a resident or an assistant resident in an approved hospital, or a period of training gained elsewhere judged by the board to be the equivalent of such training.

4. Training in general plastic surgery (including maxillofacial surgery) in an acceptable residency [1] or preceptorship for an additional period of not less than two years, also be taken in an approved hospital,[1] or under auspices satisfactory to this board.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The above training may be taken as a resident in surgery and in plastic surgery in an approved hospital, or under a preceptorship offering equivalent training. By the latter statement it is meant that one may secure the necessary and specified training as an assistant to an accredited surgeon providing suitable facilities for the education of the candidate are offered.

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry, bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

Because of vagaries of training, such as changes from one specialty to another, interims of military duty and other service to the country, the aptitude and skill of candidates, the board may, at its discretion, review and make recommendations for or against certification of certain applicants outside of the listed qualifications and requirements.

The board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements, or by the entire board where necessary, after a review of the candidate's formal application for such rulings. The applicant must allow at least four weeks for such requests to make the rounds of the committee.

1. An acceptable residency is one which has been approved by the Council on Medical Education and Hospitals of the American Medical Association.

TRAINING FACILITIES

The American Board of Plastic Surgery, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, evaluates training facilities in institutions providing acceptable residencies in plastic surgery. Neither the board nor its individual members can be responsible for the placing of applicants for training. The board will give no independent approval and will keep no independent list of approved residencies or preceptorships. The board will consider those residencies approved by the Council on Medical Education and Hospitals of the American Medical Association as acceptable facilities for training in plastic surgery.

For the time being, it is felt that too few residencies in plastic surgery exist to meet the training needs. In certain instances the board will accept, in lieu of the required two years' training in an approved residency, training in a preceptorship under a fully qualified plastic surgeon when such preceptorship is properly organized and supervised to give the trainee adequate experience and training in plastic surgery of a well-rounded nature. Certain established preceptorships are given full approval. New preceptorships will be given tentative approval in advance on presentation to the board by the preceptor of a well-rounded plan of training. In such instances the trainee will be required to keep a record of his experience. In tentatively approved preceptorships it would be well for a preceptor to report annually to the board the name and qualifications of any preceptee under his supervision, as well as the work done by the preceptee. The preceptee should report to the board every six months the number and type of operations performed both under supervision and independently, giving details of supplementary activities of his training. If the preceptorship is found to be adequate in scope, it will be transferred to the fully approved list. All those training in preceptorships must submit six month reports of their work.

It should be kept in mind by all that the primary interest of the board is to encourage well rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the board, both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice and the examinations of the board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

SUGGESTIONS FOR TRAINING IN PLASTIC SURGERY

A residency in plastic surgery is one in which a hospital appointment for training in plastic surgery is given the trainee. In a preceptorship in plastic surgery no such appointment is given.

While the board permits flexibility in training, approved residencies and preceptorships should be under fully qualified plastic surgeons. Those trained in preceptorships will be judged by the candidate's ability to make the most of his training and to show adequate ability in all phases of the subject.

There must be teaching in either a residency or a preceptorship—instruction in the basic sciences and in the basic principles of plastic surgery—if not in actual courses, then by conferences, ward rounds, lectures by men on the service or other services, or by visiting doctors.

A resident or assistant resident in plastic surgery should have a full time appointment from an A. M. A. Council-approved hospital or hospitals. A preceptee does not have such an appointment. A residency should preferably be in connection with a teaching hospital having medical school affiliations or be under the Dean's Committee of Veterans Administration hospitals. An acceptable residency is one that is approved by the Council on Medical Education and Hospitals of the American Medical Association.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the board, that is two years of residency training in general surgery after the internship year.

The training in plastic surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic and maxillofacial surgery, both as to type and anatomical distribution. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, to be given an opportunity to operate independently on suitable cases under more remote supervision.

RESIDENCY INFORMATION SERVICE

The Council on Medical Education and Hospitals of the American Medical Association maintains a "Residency Information Service," published semiannually, giving lists of available residency appointments in approved services in the specialties. This bulletin, showing available openings in residency appointments in plastic surgery, and other specialties, may be had on request from the Council.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits and the amount of credit allowed is determined by the board when the information is submitted with the application.

MEDICAL OFFICER'S PROFESSIONAL TRAINING RECORD

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the Surgeons General of the armed services with the assistance of the Council on Medical Education and Hospitals of the American Medical Association and is distributed by the offices of the Surgeons General to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the board.

CASE REPORTS

On approval by the board of a candidate's application for certification, each candidate is required to submit to the board thirty-five or more case reports illustrative of his independent work in the field of general plastic surgery. Case reports must be submitted within one year from the time of such request; otherwise a new application must be filed. These case reports shall conform to conditions which the board may from time to time specify and the case reports must be approved by the board before the candidate is admitted to examination. **Case reports must be received in the Office of the Board by Jan. 1 for those who desire to be considered for the spring (May-June) examinations of the board and by June 1 for the fall (October-November) examinations. There will be no exceptions to these two deadlines.**

The thirty-five case reports must be of a diversified nature and must be submitted to the office of the board, together with photographs. **To be accepted, case reports must be assembled according to the following instructions.** The group must include a variety of material from the entire body rather than a number of cases of one type, and should carry the candidate's personal deductions, conclusions and comments and should be sufficiently detailed to show if the conclusions drawn indicate a grasp of the subject and if the results justify the procedure.

Each case report should be individually assembled, typed on letter-size paper (8½ by 11 in.), with the candidate's name and the number of the case on each page. Each report should have a cover-sheet with the candidate's name, the number of the case, hospital number, diagnosis and a brief summary of the case. The pages of each report should be stapled together securely and placed in a letter-file folder, not heavier than the ordinary manila file-folder. Do not use paper clips or fasteners. Photographs of conditions and drawings of operative technique, illustrative of each case, should be included and securely attached to each case report, with the name of the candidate and the number of the case indicated. Cases should be chosen from the private practice of the candidate or from the hospital or clinic service. The initials, color, age and occupation of each patient should be stated, as should the name of the hospital where treated and dates of admission, operation and discharge. The important details of family history, if relevant, and of the previous history should be given. The history of the condition for which the patient consulted candidate should be stated clearly and concisely, indicating previous treatment, if any, and the mental, social or economic factors involved. The physical examination of the patient with special reference to the existing deformities should be carefully described. All laboratory and other special examinations, such as roentgenograms, which were made, should be reported, with a statement of what was determined by them. The indications for operation and for the type of operation employed should be given, and the preliminary treatment and the type of anesthesia used should be stated. A full description of the operative technique with methods of hemostasis, suture and drainage, if any, and the name of the assistant should be given. The late and early postoperative course and results should be described. Before and after photographs should be submitted, and all photographs should be uniform in size, not less than 3 by 4 in. (Kodachrome transparencies not acceptable), mounted on a sheet 8½ by 11 in. (letter-file folder weight), made by a sharp focus lens from untouched negatives with identical lighting conditions, exposure and developing, not reversed, to show conditions before and after operations with clear detail.

If the case reports, and lists of operation when requested, are approved, the candidate will receive subsequent information regarding taking the examinations. The board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

EXAMINATIONS

The qualifying examinations are divided into two parts, the written examination, and the oral and practical examination.

The examinations are given twice yearly, in the spring and fall. The spring examination is given immediately preceding, during or following the annual meeting of the American Association of Plastic Surgeons (usually in May), and the fall examination is given immediately preceding, during, or following the annual meeting of the American Society of Plastic and Reconstructive Surgery (usually in October). Candidates are required to go to the designated center for the qualifying examination, which lasts three days. These centers will be the city in which the meetings of these two organizations are held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the Examination Committee.

The written examination will consume all of the first day and half of the second day. The oral and practical examination will consume the afternoon of the second day and all of the third day.

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The subjects of the written examination are, (1) theory and practice of plastic surgery, (2) applied anatomy, applied physiology, (3) pathology, bacteriology, clinical laboratory methods, (pharmacology), (4) reaction of tissue to injury, surgical accidents, anesthesia.

A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiners will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technic, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and tabulate in the order of their importance and methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates on which they will be asked to write a description and diagnosis.

Prior to the examination, the candidate will be visited at his place of practice by a member or members of the board to observe him operate and to examine a number of his pre- and postoperative cases.

To be considered as passing, the candidate will be required to receive a grade of at least 65 per cent in each portion of the written examination and an average of 75 per cent on the entire written and oral examination.

REEXAMINATIONS

Candidates who have failed in any portion of the examination may be admitted to another examination after one year, or within three years, except in such cases as the board may for good and sufficient reason deny a candidate the privilege of reexamination. A candidate who fails one reexamination will be admitted for further examination only after submitting evidence of additional study and preparation. The candidate must give 60 days' notice requesting reexamination and pay a fee of $25.00 for the written examination and $25.00 for the oral and practical examination. The examiners conducting the first examination will not be eligible to conduct the reexamination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the board, a certificate attesting his qualifications in plastic surgery will be issued to him by the board, signed by its officers and having the seal of the board affixed thereto. It shall be the prerogative of the board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the board regarding the certification of any candidate shall be final.

The board is in no sense an educational institution and the certificates of the board are not to be considered as degrees. Therefore the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician nor does it desire to interfere with any practitioners of medicine in any of their regular or legitimate activities.

The American Board of Plastic Surgery has never been concerned with measures that might gain special privileges or recognition for its certificants in the practice of plastic surgery. It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals. The prime object of the board is to pass judgment on the education and training of broadly competent and responsible plastic surgeons—not who shall or shall not perform plastic surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

FEES

The fee for application and examination is $150. Of this sum, $25 must accompany the application and the remaining $125 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the board. The board is a nonprofit organization and the fees of candidates are used solely for defraying the actual expenses of the board. The members of the board serve without remuneration. Because of the limited number of surgeons certified by this board it is necessary for a limited time to request a voluntary annual prorata contribution from diplomates after the first year's certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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GEORGE R. CALLENDER (Veterans Administration).
BASIL MACLEAN, Rochester, N. Y.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

General Requirements

1. Good moral character and high ethical and professional standing.

2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or from a foreign medical school satisfactory to the board.

3. An internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or in a foreign hospital satisfactory to the board.

4. Licensure to practice medicine in the United States or in the Dominion of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma; or training or study deemed by the board to be substantially equivalent to such graduate study:

2.* Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program, one year of which may be an approved clinical residency in a field directly related to public health;

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of public health; and

4. Limitation of practice to full-time teaching or practice of public health as a specialty.

* Approval of Residency training is in the process of development. Until such time as an adequate program of residency is developed, field training will be evaluated by the Board on an individual basis. Information as to approved residencies may be obtained from the Council on Medical Education and Hospitals or from the Secretary of the Board.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive medicine and aviation medicine, one year of which graduate study shall be in a school of public health accredited for the purpose of such graduate study by the American Public Health Association and one year of which shall be in a school of aviation medicine accredited for the purpose of such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training and study deemed by the board to be substantially equivalent to such graduate study;

2. * Residency (after internship) of at least two years of supervised experience in aviation medical practice, which included planned instruction, observation, and active participation in a comprehensive, organized program of aviation medicine, one year of which may be an approved clinical residency in a field directly related to aviation medicine.

3. A period (after internship) of not less than two years, in addition to 1 and 2 above, of special training in or teaching or practice of aviation medicine;

4. Limitation of practice to full-time teaching, research or practice of aviation medicine; and

5. Regular and frequent participation in aerial flight.

Credit for training and experience in public health or aviation medicine while in military service will be considered on an individual basis, depending on the type of service.

APPLICATIONS

Each application for examination must be made on the prescribed form (which may be obtained from the secretary) and be accompanied by the required documentation, and must be filed with the secretary, ordinarily not less than 90 days prior to the date of the examination. The application must be accompanied by an application fee and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

FEES

The fee for application and examination is $90, payable as indicated below; additional fees are payable for reexamination, as set forth below, but no additional fee is payable for the issuance of a certificate.

Application fee, $15. No application will be considered unless accompanied by the application fee. The application fee is not refundable.

Examination fee, $75. This fee is payable when the candidate is notified of acceptance for examination, and, if paid prior thereto, is not refundable after such notification has been given.

No member of the board is authorized to give informal opinions as to the eligibility of the candidates. The determination of eligibility will be made only by the board after receiving full application information. Each candidate must comply with board regulations in effect at the time the examination is taken, and also those in effect at the time the certificate (if any) is issued, regardless of when the original application was filed. An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application without payment of an additional application fee.

Applicants who are declared eligible for examination but who fail to submit to examination within three years of the date of the filing of the application are required to file a new application and to pay a new application fee.

CERTIFICATION IN AVIATION MEDICINE WITHOUT EXAMINATION (THE FOUNDERS GROUP)

The bylaws authorize the board, for a limited period of time, to excuse from examination specialists in aviation medicine who have attained high academic rank or have had a minimum of ten years of distinguished service in the field of aviation medicine and are considered eligible by the board, whether or not they meet the eligibility requirements previously referred to. Applications for consideration as members of the Founders Group must be received not later than July 1, 1954. The application fee must accompany the application, and the examination fee is payable before certification even though the applicant be excused from examination.

EXAMINATIONS

Examinations will be held from time to time and in various places depending on need as indicated by applications received. It is expected that examinations will be held primarily in connection with the meetings of the American Public Health Association. For the convenience of military personnel assigned overseas the board will try to provide for special individual examinations at times when such officers are temporarily returned to the United States. The examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the general field of preventive medicine and public health.

Part two is an oral or practical examination which will usually be held on the day following the written examination. An endeavor will be made to adapt the details of the oral examination to each candidate's experience and practice. The examiners will report on each candidate to the assembled board, by which the results of the examination will be considered.

REEXAMINATION

Candidates failing the first examination taken may, upon timely request, be admitted to a second examination within 18 months following the examination failed, upon payment of an additional fee of $15. If the candidate fails the second examination, a period of eleven months must elapse before admission to a third examination. A fee of $25 is required for admission to the third examination. Candidates failing three examinations will not be admitted to any subsequent examinations unless the board so directs.

CERTIFICATION

On satisfactory completion of the examination and proof to the satisfaction of the board that the applicant is eligible for certification, a certificate will be issued to the effect that the person named has been found to be possessed of special knowledge in the field specified in his application. The certificate will be signed by the officers of the board and will have its seal affixed. Each certificate remains the property of the board, but the person to whom it is issued shall be entitled to its possession unless and until it is revoked. Any certificate issued by the board may be revoked if evidence, satisfactory to the board, is presented that the applicant was not eligible to receive it at the time of examination or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching or practice of the specialty in which he has been certified. The issuance of a certificate to any person does not constitute such a person a member of the board.

AMERICAN BOARD OF PROCTOLOGY

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TYPES OF CERTIFICATION

An application for certification is a voluntary act. Two types of certification will be offered until Jan. 1, 1955. Certificates will be issued (1) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal diseases exclusive of those conditions which require surgical operation within the abdomen and those which require radical operation for malignant disease of the rectum, and (2) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal and colonic diseases. The essential difference between the two types of certification is that diplomates of the first type will not be certified to administer treatment which requires surgical operation within the abdominal cavity nor to perform radical operations for malignant disease of the rectum, while diplomates of the second type will be certified to administer such treatment and perform such operations. After Dec. 31, 1954, the first type of certification will be discontinued.

QUALIFICATIONS OF CANDIDATES

This board does not intend to interfere with any practitioner of medicine in his legitimate activities but wishes only to certify, in so far as possible, to the public that physicians who claim to be specialists in anorectal surgery and proctology possess proper qualifications. Suitable evidence of such qualifications can be obtained only if a physician can satisfy this board concerning his training and can thereafter pass examinations required for certification.

GENERAL REQUIREMENTS

All candidates shall comply with the current regulations of the board regardless of the time of filing applications. The secretary is not permitted to make decisions pertaining to requirements. Such decisions are made by the special committees or by the board upon review of the candidate's formal application.

All candidates shall have limited their practice to proctology and/or anorectal surgery.

All candidates shall appear personally before the board.

All candidates shall submit to the required examinations.

A candidate may be requested to deliver to the board a record of all of his patients hospitalized during the year prior to the date of submission of the application. Each record shall be endorsed by an appropriate official of the hospital and must include the diagnosis, treatment, outcome, and dates of admission and discharge from the hospital.

Candidates shall submit a bibliography of papers and books published.

Candidates shall possess the following qualifications:

1. High ethical and professional standing.

2. Authorization to practice medicine in the county, state, territory, or province of his residence.

3. Membership in the American Medical Association or the corresponding recognized medical association of the country in which he resides.

Specific requirements for applicants who desire certification in Proctology:

1. One year of internship in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association following completion of a four year course in a class A medical school.

2. Four years of graduate training, after internship, in medical institutions approved by the Council on Medical Education and Hospitals of the American Medical Association and recognized by the American Board of Proctology. This shall include graduate training in the basic sciences according to the standards prescribed by the Council on Medical Education and Hospitals of the American Medical Association and recognized by the American Board of Proctology. Of the four years of graduate training prior to examination for certification in proctology, two years shall be spent in an approved residency in proctology. When the majority of cases in the approved general surgical residency is in the field of abdominal surgery, three years of an approved general surgical residency and one year of an approved residency in proctology may be accepted.

3. In individual instances credit may be granted for training in proctology obtained in preceptorships approved by the American Board of Proctology.

FEES

1. Application fee. A fee of $25.00 shall be due and payable when the application blank is submitted by the candidate to the secretary.

2. Examination fee for anorectal surgery. A fee of $100.00 shall be due and payable when the candidate is notified that his application has been approved.

3. Examination fee for proctology. A fee of $150.00 shall be due and payable when the candidate is notified that his application has been approved.

4. A fee of $50.00 for a second reexamination in either Part I or Part II shall be due and payable when the candidate is notified that his application has been approved.

5. No fees shall be returnable to the candidate without approval by the board.

6. Each diplomate shall be required to pay a fee of $10.00 annually to the board for a period of 10 years following certification.

APPLICATION FOR CERTIFICATION

Each application for certification shall be filed with the secretary upon the prescribed form which shall bear the endorsement of two proctologists who may be consulted for information regarding the applicant. The endorsers shall be qualified proctologists but shall not be members of the board.

The application shall be accompanied by two unmounted autographed recent photographs of the applicant.

The application should be accompanied by letters of endorsement from appropriate sources.

EXAMINATIONS

Examinations shall be conducted at such times and places as announced in THE JOURNAL.

Part I in anorectal surgery and proctology shall consist of written examinations in the subjects of anatomy, physiology, pathology, bacteriology, biochemistry, and other basic sciences considered appropriate by the board.

Part II shall consist of written and oral examinations covering the theory and practice of Anorectal Surgery or Proctology. This examination will include roentgenologic interpretation and other subjects considered appropriate by the board.

A board member or designated examiner will conduct an examination of the applicant in his own community. This examination will involve the following procedures: 1. Surgical operations. 2. Hospital rounds. 3. Inspection of office and hospital records. 4. Conduct of office practice.

GRADES AND REEXAMINATIONS

An average of 75% is the minimum grade that will be acceptable for certification of a candidate.

If a candidate shall fail in Part I he will be required to wait one year before he may be reexamined.

If a candidate shall pass Part I and fail Part II he will be required to wait one year before he may be reexamined.

If a candidate shall fail the reexamination in Part I or Part II, he may petition the board for another examination. With such a petition, the candidate shall submit acceptable evidence of further preparation. Approval or denial of another reexamination shall be determined by the board.

CERTIFICATES

The certificate shall be in a form approved by the board. It shall be signed by the president or vice president and by the secretary, and sealed with the corporate seal.

The certificate in proctology shall indicate that the candidate has been found qualified to practice proctology.

The certificate in anorectal surgery shall indicate that the candidate has been found qualified to practice anorectal surgery.

The cost of both certificates shall be assumed by the board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the board, must be in the hands of the secretary of the board not less than 90 days before the date of such meeting. A proper application form may be obtained from the secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the board and when accompanied by an application fee in such amount as may be fixed by the board.

The secretary of the board, on receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of acceptable ethical and professional standing.

(*c*) He is now a member of the American Medical Association or a member of such medical societies as are recognized for purposes of certification by the Council on Medical Education and Hospitals of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the board for good and sufficient reasons.

(*d*) He has received adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS

Class A.—Applicants who graduated from an approved medical school before the foundation of the board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations. After Jan. 1, 1954, for such graduates the board will consider 10 years of full-time acceptable experience in psychiatry or neurology in lieu of the formal training requirements. Should the candidate then apply for supplementary certification, the Credentials Committee will require five years of additional acceptable experience in the supplementary field.

Class B.—Applicants who graduated from an approved medical school after 1934 shall fulfil the following requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Completion of a year's internship approved by the same Council in general medicine, general surgery, pediatrics or a rotating service.

3. The nine month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, three years of which must be specialized training obtained in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training obtained in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

This training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of basic neurological sciences, neuroanatomy, neurophysiology, neuropathology and neuroencephalography. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and to evaluate the common psychiatric reactions.

The board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the board.

Candidates seeking certification in both neurology and psychiatry or supplementary certification in one after being certified in the other must submit evidence satisfactory to the board of an additional two years of full time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the board until he has completed at least five years of special training and experience in neurology or psychiatry for a single certificate, or

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at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The board will give not more than six months of credit for not less than six months of training in an approved training center for internal medicine or pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology, but not to candidates for certification in both psychiatry and neurology.

The board will give credit for one year of training in child psychiatry providing it is the third year of the required three years of special training required by the board and providing it is taken in a center approved by this board for training in child psychiatry. After July 1, 1956, training credit for work in the field of child psychiatry may be gained only by participation in a hospital residency training program that is regularly approved. After that date, all independent training approval of psychiatric clinics for children is discontinued.

The list of training programs approved by this board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issue of the Internship and Residency number of THE JOURNAL.

The secretary may at his discretion admit to examination candidates who lack not more than two months of the time requirement for certification with the understanding that the certificate will in no case be issued until satisfactory written evidence of completion of this requirement is submitted to the board.

TRAINING IN THE ARMED FORCES

Credit will be granted for one year of wartime military service in the Army, Navy, Public Health Service and Veterans Administration. Wartime to this board means Dec. 7, 1941 to Feb. 15, 1946. Further credit for specialized training will be granted only if the candidate has received training in an institution recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by this board. Time beyond one year spent in the above government agencies may be credited to experience providing the candidate has been regularly assigned to a service in neurology or psychiatry.

Training and experience credit toward requirements for examination will be granted for military duty in present emergency under certain conditions. This policy relates to active military medical duty since July 1, 1950. One year of training credit will be granted for one year spent in full-time psychiatric and/or neurological duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full-time psychiatric and/or neurological assignments. Double credit will not be granted for any single period of time.

EXAMINATIONS

Dates and places of examinations are set by the board at its discretion and shall be announced in THE JOURNAL, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, and in the *Archives of Neurology and Psychiatry*.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The board requires some proficiency in neurology on the part of those it certifies in psychiatry, and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

PAYMENT OF FEES

The candidate on filing his application shall accompany it with an application fee of $35 which is not returnable. If a preliminary written examination has been decreed, an additional $25 fee will be required at the time of the applicant's acceptance. When notified by the secretary that he is eligible for the oral and practical examination, the candidate shall send to the secretary an examination fee of $65. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of $65.

A candidate who has failed in one examination is eligible for reexamination within one year on payment of a reexamination fee of $50. After the year has elapsed he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and $35 fee, present evidence of further training and pay an examination fee of $65.

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year on payment of a reexamination fee of $50. After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years on submission of evidence of further training and on payment of an application fee of $35. If admitted to the examination, he must pay a new examination fee of $65.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the secretary at least six weeks before the date of the examination will forfeit half of his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

AMERICAN BOARD OF RADIOLOGY

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B. R. KIRKLIN, Secretary-Treasurer, 102-110 Second Avenue, S.W., Rochester, Minn.

CERTIFICATES

A certificate will be issued to each candidate who meets the requirements of the board, to the effect that the holder of the certificate has had adequate training in radiology and has successfully fulfilled the requirements of the board.

A certificate granted by this board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges or license to practice radiology. Certificates of the board shall be issued on one of four forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all of its branches.

2. A certificate to the effect that the applicant has been found qualified to practice radiology in one or more of the following special fields: (*a*) roentgenology; (*b*) diagnostic roentgenology; (*c*) therapeutic radiology.

3. A certificate to the effect that the applicant has been found qualified to practice radiological physics in all of its branches.

4. A certificate to the effect that the applicant has been found qualified to practice radiological physics in one or more of the following special fields: (*a*) x-ray and radium physics; (*b*) medical nuclear physics.

DEFINITIONS

For the purposes of this board, the following definitions are adopted:

1. Radiology is that branch of medicine which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays and radium.

2. Roentgenology is that branch of radiology which deals with diagnostic and therapeutic application of roentgen rays.

3. Diagnostic roentgenology is that branch of radiology which deals with the diagnostic application of roentgen rays.

4. Therapeutic radiology is that branch of radiology which deals with the therapeutic application of roentgen rays, radium and radioactive isotopes.

5. Radiological physics is that branch of physics which deals with the medical application of roentgen rays and the radiations from radioisotopes, nuclear reactions and particle accelerators.

6. X-ray and radium physics is that branch of radiological physics which deals with roentgen rays and radium.

7. Medical nuclear physics is that branch of radiological physics which deals with radioisotopes, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS

Each applicant for admission to the examination for a certificate in radiology shall be required to present evidence that he has met the following standards:

GENERAL QUALIFICATIONS

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or county in which he resides.

3. Membership in the American Medical Association, or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. Except as herein provided, membership in other societies shall not be required.

4. That the applicant holds himself out to be a specialist in radiology or one of its branches as defined under "definitions," and that he devotes his time primarily and principally (at least 75 per cent) to the practice of radiology or one of its branches.

5. That he is a citizen of the United States or Canada. Candidates from other countries must be permanent residents of that country and native citizens thereof.

GENERAL PROFESSIONAL EDUCATION

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

SPECIAL TRAINING

1. After completion of the internship there shall be a period of special training in radiology of not less than three years in clinics, hospitals or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of specialized training shall include:

(*a*) Graduate training in pathology, radiation physics and radiobiology. A period of six months full-time training in pathologic anatomy is recommended but where this is not possible to arrange, the student during his three-year training period, may, by attending pathologic conferences, postmortem examinations and studying removed tissues, receive adequate training in pathology. It is recommended that radiation physics be taught by a combination of didactic lectures, practical examples and direct clinical demonstrations.

(*b*) An active experience (residency) of not less than twenty-four months in an institution, the radiologic department of which is recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as capable of providing satisfactory training.

(*c*) Examination in the basic sciences of radiology as well as the clinical aspects thereof. These examinations should be given by the student's instructors in order to allow those responsible for his training to certify to the board that he is adequately prepared.

APPLICATIONS

The board desires to appraise the candidate's educational opportunities (premedical, medical and radiologic), the ability of his instructors, his hospital and teaching positions, his original investigations, his contributions to radiologic literature, his membership in medical societies and his local and general reputation.

For this purpose, application must be made on a special blank which may be obtained from the secretary. No application will be considered unless made on the regular application blank. This application shall be forwarded with the required data, two unmounted photographs and the fee of $75 at least three months before the date of the examination.

FEE

A fee of $75 must accompany each application blank. This fee will not be returned, and no application will be considered until the fee is received. This fee has been carefully computed and is used entirely for administrative purposes. Members of the board and special examiners do not receive any compensation except for actual expenses connected with holding the examinations. As the number of candidates decreases, it may become necessary to raise the fee.

EXAMINATIONS

Each year the board will hold an examination in conjunction with the annual meeting of the American Medical Association, and, when sufficient applications are on file, a second examination will be held in conjunction with the annual meeting of the American Roentgen Ray Society and/or the Radiological Society of North America.

For the present, examinations consist of practical and oral examinations, although written examinations may be added later. The examinations are designed to test the candidate's fitness to practice radiology or one of its branches as a specialty. The board will endeavor to adapt this examination to the candidate's experience and years of practice. It will try especially to ascertain the breadth of his clinical experience, his knowledge of the basic sciences of radiology, and likewise his knowledge of the recent literature on radiology, and his general qualifications as a specialist in this branch of medicine.

The examination consists of tests in film interpretation and an oral examination in pathology, physiology, radiophysics and radiobiology, as well as the clinical application of roentgen rays, radium and radioactive isotopes. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

Whenever an applicant fails to pass the examination, the board, if requested, will make suggestions as to suitable courses of instruction for the purpose of overcoming his deficiencies.

REEXAMINATIONS

If the candidate fails in the first examination he will be admitted to a second examination after one year has elapsed but not more than three years. He must give 90 days' notice of his intention to appear for reexamination and pay an addi-

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tional fee of $35. If a candidate who has failed does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75.

A candidate having failed twice may, after one year has elapsed, file a new application which must be accompanied by the fee of $75.

AMERICAN BOARD OF SURGERY

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JOHN M. WAUGH, Rochester, Minn.
JOHN B. FLICK, Secretary and Treasurer, 225 S. Fifteenth Street, Philadelphia, 2.
CLETUS W. SCHWEGMAN, Assistant to the Secretary, Philadelphia.

REQUIREMENTS

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession and in the community must be satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to a traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Certification is restricted to those whose activities are limited to the practice of surgery, including diagnosis, preoperative and postoperative care.

PRELIMINARY TRAINING

1. Graduation from a medical school of the United States or Canada accredited by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable to the board.

2. Completion of an internship (straight, mixed or rotating) of not less than one year in a hospital approved by the same Council, or its equivalent in the opinion of the board, such as a year of study devoted to a single branch of medicine.

SPECIAL TRAINING

INTRODUCTION

It is not and never has been the policy of the American Board of Surgery to require that a candidate perform a specific number of operations before taking its examination. The only two components of a residency which can be measured are the number of operations performed and the duration of the training period; the more significant and intangible factors are difficult to evaluate. These include:

1. The professional competence and the integrity of the senior staff and their ability and willingness to teach.

2. The responsibility given the resident.

3. The attitude of inquiry pervading the service.

4. The opportunity afforded the resident for study, investigation and teaching.

Adequate operative experience is concerned more with the variety and magnitude of operations performed than with actual numbers. In certain instances the board may require a special operative inspection.

The board interprets the term "general surgery" in a comprehensive manner and expects candidates to have knowledge of the basic principles applied in the treatment of fractures, trauma and head injuries. Knowledge of the more common procedures in plastic, gynecologic, orthopedic and urologic surgery is expected. Some elasticity of the program will be allowed to permit individuals with preferences for work in specialized fields, experimental surgery or research. In such a program the integration of basic sciences, particularly pathology, with clinical training and material is superior to formal courses.

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding assignments to the stature of complete responsibility.

GROUPS I AND II

The requirements of the board to become eligible for its examinations may be fulfilled by either of the two programs outlined below. Both of these educational programs are considered by the board to be minimal in attaining its purposes.

Group I—A candidate must have completed a four-year graded residency or clinical fellowship in surgery in an institution or institutions acceptable to the board and conference committee. Three of the four years must be spent in general surgery. One of the four years may be spent in any manner which an acceptable program provides.

Group II—As yet there is not a sufficient number of hospitals capable of offering a four-year graded residency in surgery. The board, therefore, will continue to recognize three years of approved residency or fellowship training in a hospital approved by the conference committee. The two additional years over and above this to complete a total of five may be spent in practice limited to surgery carried out under acceptable supervision. One of these two years may be spent in the study of the basic sciences in a fully approved graduate school of medicine.

NOTE:—In both Group I and Group II, the supervising surgeon must vouch for the candidate's integrity, surgical judgment and technical skill. Sufficient operative work performed independently under supervision to fortify residency training must be attested to by a statement submitted to the board at the time the candidate makes application.

BASIC SCIENCES

The board does not insist that any special length of time be spent in the basic sciences, but knowledge of these sciences as applied to clinical surgery will be required in the examinations. The board will grant credit for postgraduate work in basic sciences (full time) provided that such study extends over a period of not less than six months.

MILITARY CREDIT

If a candidate has served in a government hospital or hospitals fully approved for residency training, such training will be acceptable to the board. Military credit may be extended to those candidates who have served in non-approved hospitals provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the board. Any credit extended in the latter category will be considered preceptorship credit and not residency credit.

REQUIREMENTS FOR FOREIGN BORN AND FOREIGN TRAINED APPLICANTS

Full citizenship status is required of residents of the United States. United States citizens who are residents of other countries, and citizens of other countries must have completed at least the three year residency training requirements in a hospital in the United States or Canada. In addition, they are required to hold a license to practice surgery in the country in which they hold citizenship. The Examination Committee may, in individual instances, accept foreign training as the equivalent of acceptable residency training in the United States.

APPLICATIONS

Prospective candidates for examination by the board should carefully read the board's requirements as set forth in its Booklet of Information. If, after becoming familiar with the board's requirements, the candidate needs advice as to his training, such may be had by writing to the board's office. When a candidate's training seems to meet the board's requirements, an application blank will be mailed. The processing of the completed application requires a minimum of three months by the board's office. The candidate will then be notified by the secretary as to his acceptability for examination, his deferment or his ineligibility.

The eligibility of candidates whose training in some respects does not conform to requirements published above will require the action of the Examination Committee of the board which may postpone the candidate's notification of acceptability. Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications, but on recommendation by the board's advisors as to his professional ability as a surgeon, his ethical standing in the community, and the strict limitation of his work to surgery.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January, 1940.

EXAMINATIONS

The qualifying examination will be divided into Part I (written) and Part II (clinical, bedside and laboratory). In both of these parts, as previously stated, a knowledge of the practical application of the sciences fundamental to surgery will be required.

Part I

This examination will be given simultaneously in as many centers throughout the country as the board may determine suitable for the purpose, and is held twice a year—in the spring and fall. All applications must be on file in the board's office at least three months in advance of the examination. Candidates who are declared eligible are given ample notice as to the center to which they have been assigned for examination.

The examination in Part I is written and covers a one day period. There shall be two sessions of three hours each. The examination concerns itself primarily with general surgical problems including the application of the basic sciences of surgery to these problems.

Part II

The board may, at its discretion, require that a satisfactory operative report be filed before a candidate is eligible for Part II. Such a report shall be made by a member of the board, Founders Group, or one certified by examination, designated to be present during a major operative procedure performed by the candidate.

Part II of the examination shall be oral and practical and cover a one day period, the schedule being arranged somewhat as follows:

8:15 A. M.—Registration.

9 A. M. to 1 P. M.—Clinical surgery (diagnosis, management and the application of physiology, biochemistry and bacteriology, as the case being examined upon may offer an opportunity for doing so. Roentgenographic interpretation will also be included).

2 to 5 P. M.—Applied Anatomy and Surgical Pathology.

The board expects that every candidate shall be well prepared in applied anatomy and in surgical pathology. In the latter subject more stress is laid on an understanding of disease processes and their clinical implications than on the recognition of gross and microscopic lesions.

Examinations in Part II are conducted in certain centers of the country selected by the board. It is the board's desire to arrange these centers so as to geographically meet the needs of the candidates, on condition that suitable examination facilities can be provided. Examinations in Part II are conducted by members of the board together with selected diplomates of the board.

GRADES

A candidate must receive an average of 75 per cent for each part to be entitled to the board's certificate.

REEXAMINATIONS

Part I. Candidates who fail Part I are required to wait one year before becoming eligible for reexamination.

Part II. Candidates who fail Part II in its entirety and those who fail in the single subject of clinical surgery are required to wait one year before establishing eligibility for reexamination. Those who fail either anatomy or pathology are required to wait six months. The board expects that during this period the candidate will make a reasonable effort to prepare himself in the subject or subjects in which he has failed.

Should a candidate fail a reexamination in Part I or Part II, further examination privileges will be denied. Appeal for further examination under special circumstances, when satisfactory evidence of further training has been submitted, will be considered by the Examination Committee. The board may, however, for good and sufficient reason, deny a candidate the privilege of further reexamination.

FEES

The fee for the examination is $100, payable as follows: $10 registration fee, $30 for Part I and $60 for Part II.

Candidates shall be required to pay a fee of $30 for reexamination in Part I and $60 for reexamination in Part II.

This board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of the surgeon. *The members of the board serve without remuneration.*

CERTIFICATE

After meeting the requirements for eligibility and passing the examinations, a certificate attesting to a candidate's qualifications in surgery will be issued by the board, signed by its officers.

The board has discharged its responsibilities by conducting examinations and has issued certificates of qualification to those surgeons who have met certain clearly specified educational requirements and have successfully passed its examinations. In discharging its responsibilities, the primary purpose of the board has been to establish and maintain desirable standards in the education and training of the young surgeon.

The American Board of Surgery has never been concerned with measures that might gain special privileges or recognition for its diplomates in the practice of surgery. *It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals.* The prime object of the board is to pass judgment on the education and training of broadly competent and responsible surgeons, not who shall or shall not perform surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

CAMERON HAIGHT, Chairman, Ann Arbor, Mich.
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JULIAN JOHNSON, Philadelphia.
JOHN C. JONES, Los Angeles.
WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Avenue, Detroit 2, Mich.

FUNCTIONS OF THE BOARD

1. To Select Founder Members. For this group surgeons of the United States and Canada were chosen who had made meritorious contributions to thoracic surgery.

The Founders Group was kept open for two years after organization of the board.

It was officially closed April 14, 1951.

2. To conduct examinations of satisfactory candidates who seek certification by the board.

3. To improve the opportunities for the training of thoracic surgeons.

4. To set up principles of education to guide young surgeons who desire to prepare themselves for proficiency in thoracic surgery.

5. To issue certificates of qualification to all those meeting the board's requirements.

REQUIREMENTS

1. Certification by the American Board of Surgery.

2. Two years' training in thoracic surgery approved by the Board of Thoracic Surgery, or meritorious contributions to thoracic surgery. One of these two years may be spent during the four years of training in surgery required by the American Board of Surgery.

3. Written, oral and practical examination.

DEFINITION OF WHAT IS CONSIDERED ACCEPTABLE TRAINING IN THORACIC SURGERY

To qualify for the examination in thoracic surgery, the candidate shall have had two years of training in an active, well-integrated thoracic surgical clinic or clinics, or the equivalent amount of thoracic surgical training, on a mixed service consisting of thoracic and nonthoracic surgical cases. Adequate training in both the tuberculous and nontuberculous aspects of thoracic surgery is expected. In order to obtain this objective, combined residencies between institutions of different types may be advantageous. It is also required that the candidate be familiar with the basic sciences as related to thoracic surgery. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in a letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The Board of Thoracic Surgery will be governed in general by the rules laid down by the American Board of Surgery pertaining to examination, as well as reexaminations.

Rules may be changed, however, at the discretion of the Board of Thoracic Surgery.

FEES

For the special examination in thoracic surgery and the issuing of a certificate, the fee will be $100. Fifteen dollars of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination.

The fee for reexamination will be $25.

AMERICAN BOARD OF UROLOGY

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APPLICATION BLANK; REQUIREMENTS FOR ALL APPLICANTS

Application for certification must be made on a special form. This will be provided by the secretary and must be returned to him accompanied by other required data and credentials, and by $50 of the examination fee.

Requirements for Applicants.—Each applicant, before he shall become eligible to take the examination for certification in urology, must:

A. Have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by the same council. (The former requirement is not applicable to a candidate who graduated from an institution now extinct, or whose graduation occurred before the American Medical Association had prepared a list of accredited medical schools.) All graduates of foreign medical schools must obtain a license to practice in the state or province in which they reside, the certificate of the National Board of Medical Examiners and/or the certificate of graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association as capable of providing training comparable with that recognized in a "Class A" medical school.

B. Establish in a manner satisfactory to this board that he is a physician duly licensed by law to practice medicine, that he is of high ethical and professional standing, and that he has received adequate special training in urology.

The board is attempting to increase and to standardize the facilities for urological training in teaching institutions, so that the expression "special training in urology" may be interpreted to include:

1. A period of study, after the internship, of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in the special field of urology.

The training requirements after the internship may be fulfilled in one of the following ways:

(*a*) A three-year residency in urology.

When a resident obtains a senior rating or is in his final year of training, he should be in charge of the examination and treatment (surgical or otherwise), of an ample number of patients under the supervision of the senior consultant or attending urologist who must be a certificatee of the American Board of Urology.

(*b*) A second year of rotating internship or a one-year residency, preferably in general surgery, followed by a two year urologic residency, which should have the same status as the last two years of a three year urologic residency.

(c) Preceptorship.

This type of training may be accepted, but it is not encouraged.

This, and other variations from training described above, must be supported by evidence that the candidate has had training comparable with one of the two preceding types of residencies.

2. An additional period of not less than two years in the practice of urology in the city from which he makes application.

These special requirements conform with the suggestions made by the Council on Medical Education and Hospitals of the American Medical Association.

After June 30, 1955, training requirements, after the internship, may be fulfilled in one of the following ways:

1. One year general surgery. Three years formal training in urology.

2. Two years of general surgery. Two years formal training in urology.

3. One year of general surgery. One year review of basic sciences or some special research. Two years of formal training in urology.

4. One year general surgery. Two years of formal training in urology. One year of credit for two years in a preceptorship, to be approved by the Credentials Committee and the board.

C. Make application to the American Board of Urology, whose duty it shall be to investigate the applicant's credentials and make a survey of his character.

D. Assure the board that he is engaged in the practice of urology and that he intends to continue to be so engaged.

E. Membership in the American Medical Association or comparable national medical association is recommended.

Any candidate who starts training before June 30, 1955, under the old requirements, may complete the program of the old requirements and thereby become acceptable for examination. No more candidates will be accepted for examination whose training has been entirely on a preceptorship basis started after March 1, 1951.

FEE

The examination fee is $150. (This fee will be increased when the expense of the examinations and other activities of the board demand.) Fifty dollars must accompany the application. If, on investigation, an applicant is found lacking in any of the requirements stated above, he will be notified that he is ineligible for examination. One hundred dollars must be paid when the applicant is accepted as a candidate for certification. Neither fee shall be returnable in any event.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give 60 days' notice of his intention to appear for reexamination. After an applicant has failed twice, he must file a new application and pay a second fee.

REQUIREMENTS FOR CERTIFICATION

According to the by-laws of the American Board of Urology, applications received from applicants for certification shall be examined by the Credentials Committee and reviewed by the board. When additional data are required to complete the application, these will be requested by the secretary.

The requirements for certification include: preparation of reports of twenty-five representative (not necessarily consecutive) major urological cases from private cases, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc.; oral-clinical examinations, written examinations and personal appearance before the board.

In specific instances, the board may waive any part of these requirements, with the exception of the item of personal appearance.

Each candidate will receive a notice of the time and place of the examinations, and an appointment for his personal appearance before the board.

EXAMINATIONS AND REPORTS OF CASE HISTORIES

The board will hold one examination per year. This may be held in association with the annual meetings of the American Urological Association or the American Medical Association, when this is practicable, or at other times and places that the board may select, or deem expedient.

The written examinations are designed to test the candidate's preparation in, and his knowledge of, the whole field of urology, including the fundamental subjects: pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology. These may be given at the time of the oral-clinical examination, or may be held on certain dates simultaneously in different parts of the country at places convenient for candidates. The examination in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. The examination in anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology will be a test of the candidate's working knowledge of these subjects as they are related to the practice of urology.

The oral-clinical examination will consist of discussions of common urological conditions. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate; diseases of the urinary bladder and diseases of the ureters and kidneys. The examination may deal directly with data found in the reports of case histories that the candidates have submitted. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for practice in the specialty of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The reports of twenty-five major urological cases must be representative cases from private practice. The reports must be typewritten on 8½ by 11 paper and in duplicate, but need not be on any special form.

Complete index lists must accompany the reports. If they are obtained from more than one hospital they must be consecutive and a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name of the patient, the hospital and admission number, and the dates of operation. Statements from the superintendents of the hospitals attesting that the candidate was the operator *must be included.* With the twenty-five case reports there must also be an index, in consecutive order, of all major and minor urological surgery done during the last two years of practice. The lists should be filed in the secretary's office for verification purposes.

The data should be placed under proper headings and the arrangement of these should conform to the sequence of events incidental to the patient's admission to the hospital or clinic, the examinations made and treatment prescribed.

Sufficient data should appear in these so that the examiner will know that a proper history was taken and that a thorough examination, including a complete physical survey, was made.

The board requires that all of the essential points of the history and examination, as well as a complete description of the surgical procedure, shall be given. Emphasis should be placed on the following items: preoperative diagnosis, clinical and pathological diagnosis, laboratory data, including cultures of urine and chemical analysis of calculi; summary of postoperative course with special reference to morbidity, clinical findings at time of discharge from the hospital and subsequent follow-up reports.

A final short paragraph *must be prepared* for each case. This must include the candidate's interpretation of the history in terms of pathology; the basis for the diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; a critical discussion of the knowledge gained from the proper handling of the case, or from the errors made (if any) in the diagnosis and method of treatment.

Each candidate must assume personal responsibility for the data in his case reports, including autopsy findings and interpretation of urograms.

A candidate must remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his competence as a urologist.

The deadline for the receipt of case histories each year is September 1.

Satisfactory case reports must be submitted before a candidate will be permitted to continue with other parts of his examination. If case reports are pronounced unsatisfactory by more than one examiner, the candidate will be informed of this and requested to prepare others.

LIMITATIONS OF FUNCTIONS OF THE BOARD

The conferring of degrees, "Doctor of Medicine" or "Bachelor of Medicine" remains with the universities, where it belongs. This board makes no attempt to control the practice of urology by license, or legal regulation and in no way interferes with or limits the professional activities of any duly licensed physician.

V 15
1953

THE JOURNAL
OF THE AMERICAN MEDICAL ASSOCIATION
535 N. DEARBORN ST. . . . . CHICAGO 10, ILL.
Editor . . . . . AUSTIN SMITH, M.D.
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Editor for Medical Literature Abstracts . GEORGE HALPERIN, M.D.

Subscription price . . Fifteen dollars per annum in advance
Cable Address . . . . . "Medic, Chicago"

ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES

In this issue, the Council on Medical Education and Hospitals presents its 27th Annual Report on Internships and Residencies together with a directory of Council-approved programs. The report includes basic information relating to the field of graduate medical education. According to the report, there are now 1,313 hospitals in the United States and its possessions in which internship or residency programs are being conducted. Last year, there were 24,512 interns and residents on duty in these hospitals, including federal, other governmental, and civilian institutions. The effect in terms of patient care of this large number of physicians serving in these hospitals in a full-time capacity is evident, the report states.

As of Sept. 1, 1952, there were 853 hospitals conducting approved intern programs. They offered a total of 10,548 internships, of which 9,497 (90%) were rotating in type. There were a total of 7,645 interns reported on duty last year. Of these, from 1,300 to 1,400 were estimated to be graduates of foreign medical schools. For two successive years, the number of internship positions reported unfilled has been approximately 3,000. In considering the problem of the intern shortage, the report points out, this figure can be considered more accurate than that obtained by comparing the total number of internships with the annual number of medical school graduates in the United States. The internship occupancy rate for all hospitals remained the same as last year at 72%.

Tabular data presented in the report showed that there are now 1,131 hospitals in which approved training at the residency level is being offered, representing 4,634 programs in 27 specialties and general practice. These hospitals provide appointments for 10,285 first year residents and 22,292 positions at all levels, i. e., first, second, third, and fourth years. Specialties in which a relatively high percentage of positions were filled included thoracic surgery, obstetrics-gynecology, general surgery, ophthalmology, pediatrics, and plastic surgery. Those with low occupancy rates included proctology, allergy, physical medicine, general practice, and pathology. There were 16,867 residency positions filled during the reporting period, representing 76% of the total number available. The report comments on the fact that the percentages of vacancies in internship and residency positions are approximately the same and that the problem of house shortages should be considered in its entirety rather than in terms of internship or residency vacancies.

It has been said that the development of the internship and residency program in the United States has been one of the more important contributions that American medicine has made to medical education. If graduate education is to achieve its objectives, it must be continually reevaluated by those concerned with its conduct. The Annual Report provides a body of essential information for such an appraisal that is available from no other source. The Council for its efforts in preparing this report and the medical staffs and hospital administrators who provided the basic data are deserving of commendation. Without this information, an evaluation of the current status of graduate education in the United States would be difficult if not impossible to make. The lists of approved services also are indispensable to many persons, organizations, and agencies interested in graduate education. As the Directory of Approved Internships and Residencies, it has become recognized as an official source of information by many federal and state governmental agencies. The Council makes grateful acknowledgment in the report to the hospitals, American Boards, medical schools, and federal agencies through whose assistance and cooperation the publication of the report and the directory is made possible.

THE INTERN SHORTAGE

The perennial problem of the shortage of interns is again brought sharply into focus in the Annual Report on Internships and Residencies, which points out that for the second successive year about 3,000 internships throughout the United States were vacant. The dilemma presented by the wide disparity between the number of applicants and the number of intern appointments available has been the subject of much discussion and serious study for the past several years. It may be pertinent, therefore, to raise the question as to why a satisfactory solution to the problem has not been found.

There are, quite obviously, only two ways by which the present situation can be resolved, or at least ameliorated. The first involves an increase in the number of available interns, either through an expansion of present enrollments in medical schools in this country or through the appointment of larger numbers of graduates of foreign medical schools. As to the former, enrollments in medical schools are now at an all-time high, with 27,688 students registered for the academic year 1952-1953.[1] Further increases in the number of students graduating can be anticipated as additional four year schools are developed. It is probable, however, that schools now in existence are operating at close to full capacity and that additional students from these schools will be limited.

The report states that it can be estimated that there are 1,300 to 1,400 graduates of foreign medical schools

1. Medical Education in the United States and Canada, report by the Council on Medical Education and Hospitals, J. A. M. A. **153**: 118 (Sept. 12) 1953.

currently serving as interns in hospitals in this country. Whether the number of these graduates can or should be increased is moot. There is the practical problem of integrating persons of diverse educational backgrounds, frequently with language handicaps, into a sound training program. Further, the question of their subsequent eligibility for licensure should be given serious consideration in offering these applicants appointments, after completion of which they may find themselves at a dead end. Again, the possibility of increasing the number of eligible applicants for internship positions by this means has definite limitations.

The second approach to the problem, then, involves a reduction in the number of internships. One method of achieving this end lies in extending the length of internships to two years rather than the present 12 months currently required in the majority of approved hospitals. It is evident that, were programs of 24 months' duration adopted by all hospitals, the annual requirement for interns would be halved. It is unlikely, however, that such a course could be adopted on a nation-wide basis for a number of reasons, not the least of which is the matter of deferment of medical school graduates for military service, presently limited to one year. There are other equally cogent reasons why such a plan would not be feasible, among others the time that would be added to that already required to prepare the young graduate for practice, already considered by many as over-long, and the effect such a course would have on men preparing for the practice of a specialty.

There remains then the alternative of reducing the number of available internships by curtailing the number of approved hospitals, by limiting the number of internships in each hospital, or by a combination of both these means. An arbitrary limitation in the number of approved hospitals could not be justified in principle or from the standpoint of the legality of such action. Certainly such an approach would in no way solve the problem of the individual hospitals that would be involved. In the past, the Council has attempted to effect a reduction in the number of internships through requesting hospitals to limit on a voluntary basis the number of internships offered. This proposal was not successful, principally, it is believed, because the plan was not well enough understood and because it came at a time when there was an increased demand for interns due to the induction into the military services of a large number of residents with a consequent shortage of house staff at this level. More recently the Advisory Committee on Internships recommended a provision that hospitals must maintain an intern occupancy rate of at least two-thirds of the requested number of interns in order to qualify for continued approval. This requirement placed the responsibility for determining the numbers of internship appointments on the individual hospitals and was, in effect, a self-regulatory mechanism. The "two-thirds rule," however, has not been activated.

There appears, then, to be no simple solution to this multifaceted problem. A continuing reevaluation of hospitals approved for intern education must be and is being made. Hospital staffs must critically evaluate their potential for training interns and seek other means for providing the services for which interns are ordinarily responsible, if through that self-appraisal it is evident that a sound educational program cannot be organized and carried out. Larger hospitals, particularly those with complete house staff structures from clerkships through residencies, should analyze realistically the duties and responsibilities of all members of the house staff and appoint interns only in such numbers as are justifiable from the standpoint of sound training and not convenience or service. Through the concerted efforts of all concerned with intern education, the accrediting agency, medical educators, hospital staffs and administrators, and others, a solution to the intern shortage can and must be found. It will require, however, a thorough understanding of the problems involved, a realistic and forceful approach, and the complete cooperation of the organizations, institutions, and individuals involved if the objective is to be reached.

PHYSICIANS FOR ARMED FORCES

Spokesmen for the Office of the Assistant Secretary of Defense for Health and Medical Affairs have provided THE JOURNAL with certain additional information regarding the editorial in the September 5 issue entitled "Armed Forces Faced with Surplus of Medical Officers." This information will be of interest to physicians liable for military service. The spokesmen reported that several actions have been taken to minimize the impact on the military services of the large number of volunteers referred to in the earlier editorial. The principal actions taken, which it is said will mitigate the problem, involve the interservice transfer of volunteer physicians from the Army to the Navy and the Air Force and the postponement of active duty orders for the present for the majority of the 466 reservists commissioned in the Army through the August Selective Service draft call.

Defense officials stated that as a result of these actions almost two-thirds of the 1,200 physicians referred to in the editorial will not enter on active duty in the Army, Navy, or Air Force during this fiscal year. They also emphasized that the armed forces will have on duty by June, 1954, an estimated 2,400 doctors less than they had the previous year. The Defense Department spokesmen concluded by stating that it appears at this time that it will not be necessary to have any further involuntary calls of physicians for at least 12 months.

This additional information is encouraging, and, if the proposed plans are carried to completion, they will do much to alleviate the uncertainty and doubt that has arisen over the actual need for physicians in the armed forces. It obviously will be necessary for such plans to be reviewed from time to time, for example, 12 to 15 months from now, when the need for physicians may become more acute, and reports to keep the medical profession informed will appear in THE JOURNAL as indicated. In the meantime, questions on medical military matters can be directed to the office of the Council on National Emergency Medical Service, American Medical Association.

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THE PRESIDENT'S PAGE

A MONTHLY MESSAGE

One of the most significant developments in the history of hospital-physician relationships was achieved at the recent annual session of the American Hospital Association in San Francisco. The House of Delegates of the AHA unanimously adopted the report of the Joint Committee on Hospital-Physician Relationships, which had already been unanimously approved by the House of Delegates of the American Medical Association last June.

This action was the culmination of many months of joint meetings by trustees of the AHA and the A.M.A. I personally took part in most of those sessions and know the careful thinking and the hard work that went into the drafting of the agreement. As Dr. Edwin L. Crosby, immediate past-president of the AHA, so ably stated: "This is a milestone in the development of better understanding between physicians and hospital administrators. It is an indication that every possible effort is being made by doctors and hospitals to provide the highest quality care to patients."

As far as I know, this was the first time that a joint committee of A.M.A. and AHA trustees had ever been formed to iron out the mutual problems of doctors and hospitals and to develop working procedures that would accrue entirely to the benefit of the patient. Here are the guiding principles that were embodied in the joint report:

"1. The general purpose of hospitals and physicians is to aid each other in the delivery of the best possible medical care to patients. To attain such a purpose requires full cooperation among medical staffs, governing boards and administrative heads of hospitals. One important method of attaining this objective is that duly designated representatives of the medical staff shall have free and direct access to the governing board with due consideration to the position of the administrator as chief executive officer of the hospital. The various methods by which the medical staff may have access to the hospital governing board follow.

"a. The executive committee of the medical staff and a committee of the governing board with the hospital administrator can serve as a joint committee.

"b. Representatives of the medical staff can serve as members of the medical staff committee of the governing board with the hospital administrator.

"c. Representatives elected by the medical staff can attend meetings of the hospital governing board.

"d. Members of the medical staff can be members of the hospital governing board.

"2. The professional evaluation of chiefs of service and members of the medical staff should be the responsibility of the medical profession. The method of selection of these individuals must be subject to local arrangements and local conditions. In any such arrangement, however, the principle of the freedom of the staff to make recommendations, subject to the approval of the hospital governing board, should be recognized.

"3. The medical profession and the hospitals recognize that certain special services, such as anesthesiology, pathology, radiology, and physical medicine, are integral parts of the practice of medicine and of the services necessary for hospital patients. Physicians in these fields should have the professional status of other members of the medical staff. Chiefs in these specialties must assume also the administrative responsibilities and relationships customarily associated with such positions.

"4 The right of an individual to develop the terms of his services on the basis of local conditions and needs is recognized, but such contractual arrangements should in all cases ensure (a) the policy of professional incentive for the physician, and (b) progressive development of the hospital departments involved, in order that increasingly improved services to patients may be rendered. Moreover, a physician shall not dispose of his professional attainments or services to any hospital, lay body, organization, group, or individual, by whatever name called, or however organized, under terms or conditions which permit exploitation of the patient, the hospital, or the physician.

"5. The chief of a hospital department may have access to financial information regarding his department.

"6. It is desirable that means should be provided at local, state and national levels for review of problems of individual hospital-physician relationship by organized medical and hospital groups."

The joint report consisted of 11 typewritten pages, from which the guiding principles enumerated above are excerpted. Although the statement was plainly worded and constructed so as to minimize the chance of misinterpretation, an erroneous story by the United Press did result and served to becloud an otherwise successful and enthusiastic meeting.

Nowhere in the entire report was there anything to advocate the lumping of all hospital expenses so patients would only have to pay one bill, as was incorrectly stated in the wire service story. This misleading news item set off a chain reaction that was heard across the country, but the UP failed to run a correction even when provided with a joint clarifying statement by Dr. Crosby and myself.

EDWARD J. MCCORMICK, M.D., Toledo, Ohio.

ORGANIZATION SECTION

NEW A. M. A. TELEVISION FILMS

Four filmed television programs for presentation over local TV outlets will be ready for distribution by the American Medical Association on Oct. 1. The films will be made available to state and county medical societies without charge as an A. M. A. service. Designed to provide authentic medical information for the general public in an attractive package, the films are expertly produced and of exceptional quality. They offer local medical societies an excellent new public relations vehicle for use on television. TV rights on all four shows are the exclusive property of the American Medical Association. Any showing of the films on local stations must be under the auspices of the county or state medical society.

Two of the films, "Operation Herbert" and "A Citizen Participates," run 28 minutes, and a third, "Your Doctor," is a 15 minute film. The fourth program is a series of six five-minute films called "What to Do."

"Operation Herbert," starring stage, screen, and television actor Jackie Kelk, tells the story of a young biology instructor who undergoes an appendectomy. To prove a point with penny-pinching Aunt Agatha and to win the favor of his attractive nurse, Kelk uses homemade visual aids to show that medical care costs have not risen as high or as fast as the general cost of living.

"A Citizen Participates" is a documentary-type report on a small town that needs a physician. Citizen Bert Henderson, a local merchant, enlists the aid of a service club and initiates the campaign that makes his community attractive to a prospective doctor. Although this film is being distributed for nontheatrical showing by Young America Films, the A. M. A. has exclusive rights for TV showings.

"What to Do," a series of six five-minute features, answers some of the commonest home medical questions. Nancy Craig, ABC women's commentator, shows "what to do" in using a thermometer, applying artificial respiration, maintaining a medicine chest, and in emergency treatment of colds, abdominal pains, and headaches.

Fourth in the new A. M. A. TV film series is Louis de Rochemont's story of medical service in America, "Your Doctor." The 15 minute documentary spotlights medical student Edwin McGee and rural practitioner Dr. George Bond. The film is being released to television audiences for the first time.

In order to assure availability and avoid conflicting bookings, state and county medical societies are urged to arrange for the films well in advance of presentation. Prints may be secured from the A. M. A.'s TV Film Library, 535 North Dearborn Street, Chicago 10, Ill.

THE ST. LOUIS CLINICAL SESSION

Arrangements are being completed for the seventh annual Clinical Session of the American Medical Association Dec. 1-4 in St. Louis. This year's program has been designed to give the general practitioner an opportunity to see and hear the latest developments in medicine. Such topics as chest injuries, compression fractures of the vertebra, chronic pancreatitis, weed poisoning, and chronic arthritis—drugs and vaccine therapy, will be presented. Special features include fracture demonstrations; problems of delivery, with manikin demonstrations by leading obstetricians; traffic accidents, an exhibit symposium combining the experiences of physicians, the National Safety Council, and police departments; and diabetes, including exhibits and question-and-answer conferences in an adjoining room.

The Jefferson Hotel has been selected as the headquarters for House of Delegates sessions and reference committee meetings. All other features, the Scientific Exhibit, lectures, motion pictures, color television, and the Technical Exhibit, will be presented at the Kiel Auditorium. There will be more than 80 exhibits in the Scientific Exhibit. The Technical Exhibit will feature about 150 displays covering all types of office and medical practice needs. Plan now to attend this meeting.

NEW EXHIBITS ON ACCIDENTS AND IMMUNIZATION

Two new health education exhibits are now available from the A. M. A.'s Bureau of Exhibits. The first exhibit, "Home Accidents," shows pictorially the primary causes of accidents and their prevention in the various age groups, ranging from babies to teenagers and the aged. It points up the leading causes of death—burns, suffocation, falls, and poisons. Minimum space required for this exhibit is 10 by 6 feet. The other exhibit, on immunization, deals with several preventive agents used in fighting such diseases as smallpox, diphtheria, whooping cough, and tetanus. A question-and-answer box is included to take care of the most commonly asked questions. Primarily designed for small groups, this portable exhibit measures 44 inches by 4 feet. Both exhibits may be secured from the Bureau of Exhibits for showing at local meetings by state and county medical societies.

STATE MEDICAL JOURNAL CONFERENCE

The 1953 State Medical Journal Conference will be held Nov. 9 and 10 at American Medical Association headquarters. Sponsored by the Advisory Committee of the SJAB and approved by the Board of Trustees of the A. M. A., this meeting will be similar to the two day seminar held in 1951. Dr. L. Fernald Foster of Bay City, Mich., a member of the advisory committee, as chairman of the conference has arranged a program that will be of interest to both editors and business managers of the state medical publications, for whose benefit the conference has been scheduled. Topics to be presented include "The History of Pharmaceutical Advertising," "Printing Costs," "State Medical Journal Formats," and "Responsibilities of an Editor."

NEW PUBLIC RELATIONS MANUAL

A new American Medical Association publication, entitled "R PR," will be mailed to all Association members after Sept. 28. This prescription for medical public relations is in the form of a manual for physicians. The first half of the booklet is devoted to discussions of doctor-patient relationships; the second section takes up the business aspects of medical practice. The public relations ideas, suggestions and techniques contained in the manual constitute the combined thinking of 50 PR-minded practicing physicians from all parts of the United States. In the introduction it is stated that "every complaint of the public is a danger signal—a symptom of the public ill will, justified or unjustified, harbored against some physicians and some aspects of medical care." The booklet points out that "public relations is every physician's responsibility." The manual also will be made available to medical students, interns, and residents.

NEW SERIES OF RADIO TRANSCRIPTIONS

What medicine is doing to overcome the principal causes of death in the world today is the theme of a new series of radio transcriptions released by the American Medical Association Sept. 15. The 13-program series—"Medicine Fights the Killers"—covers the following subjects: coronary thrombosis, rheumatic heart disease, lung cancer, leukemia, hypertension, accidents, nephritis, premature births, tuberculosis, pneumonia, diabetes, suicide, and poliomyelitis. Prepared by the Bureau of Health Education, these transcriptions may be used by local radio stations under the auspices of state and county medical societies.

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MEDICAL NEWS

CALIFORNIA

Plague Infection.—According to the U. S. Department of Health, Education, and Welfare a specimen obtained Aug. 13 in San Mateo County was found to be positive for plague. The specimen consisted of 25 fleas (Hystrichopsylla dippiei, Malaraeus telchinum, and Atyphloceras multidentatus) collected from the nest of a field mouse (Microtus californicus) about 2 miles south of the San Francisco city limits.

CONNECTICUT

Hospital News.—The Hartford Hospital's first guest speaker on its Saturday morning 11 o'clock series will be Dr. Sidney Farber, pathologist, Children's Medical Center, Boston, and director of research, Children's Cancer Research Foundation, who will discuss "Progress in Research in Lipid Metabolic and Related Disorders," Sept. 26.

GEORGIA

Eye Bank Donations.—The Ponce de Leon Eye, Ear, Nose and Throat Infirmary, Atlanta, which is affiliated with the national Eye Bank for Sight Restoration, is offering its services for those who wish to donate their eyes to the eye bank at time of death. Physicians may secure forms necessary for this service. All arrangements will be made by the infirmary after notification by the physician.

Personal.—Dr. Edward J. Smith, Hahira, was recently honored at a dinner given by the community in recognition of his 52 years of service.——Dr. William H. Tanner, Newnan, was recently the guest of honor at a community-wide surprise party given by the Rico Civic Club in honor of his 50 years of medical practice. A gold pen and pencil set was presented to Dr. Tanner.

ILLINOIS

Narcotic Violation.—Dr. Henry W. Bond, Galesburg, who pleaded not guilty in the U. S. District Court at Peoria to violation of USC Title 26, Section 2554, on July 29, was found guilty by Judge Leroy Adair, who suspended sentence and placed him on probation for five years.

Psychiatry Lectures in Winnetka.—The North Shore Health Resort, 225 Sheridan Road, Winnetka, invites all physicians to attend its fourth annual lecture series, which will have as its theme "Treatment in Psychiatry." The lectures will be given the first Wednesday of each month (second Wednesday in May) from October, 1953, to June, 1954. Opening the series Oct. 7 will be "The Problem of Psychiatric Referral" by Dr. Harold G. Wolff, professor of medicine, Cornell University Medical College, New York.

Chicago

Meeting of Chest Physicians.—A joint meeting of the Illinois Chapter of the American College of Chest Physicians and the eighth annual postgraduate course on diseases of the chest will be held at the Knickerbocker Hotel, Chicago, Oct. 1, at 6 p. m. The guest speaker will be Dr. Alvis E. Greer, Houston, Texas, president, American College of Chest Physicians. At 8:30 p. m. Dr. Albert H. Holland, medical director, Armour Laboratories, Chicago, will discuss "Techniques of Aerosolization." At 9 p. m. Dr. Coleman B. Rabin, New York, will serve as moderator for an x-ray symposium in which the collaborators will be Drs. Alvan L. Barach, New York, Benjamin M. Gasul and Jerome R. Head, Chicago, and Harold G. Trimble, Oakland, Calif. Physicians are cordially invited to attend.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education and public health. Programs should be received at least three weeks before the date of meeting.

IOWA

Dr. Hennessy Honored.—About 1,000 persons from Calmar and the surrounding area honored Dr. Felix A. Hennessy at a surprise reception at the St. Aloysius church auditorium in recognition of his 45 years of service. Dr. Hennessy, a past president of the Iowa State Medical Association, is on the staff of the Decorah Hospital and of St. Joseph's Hospital in New Hampton. He is a past president of the Iowa Tuberculosis and Health Association and presently is president of the Winneshiek County chapter. For many years he served as president of the Calmar school board.

KENTUCKY

Gifts to Rural Scholarship Fund.—The Louisville Courier-Journal and Louisville Times Foundation has contributed $800 to the Kentucky Rural Medical Scholarship Fund and has indicated that similar contributions will be forthcoming on an annual basis for three additional years. This revolving fund was established in 1946 by the Kentucky State Medical Association in cooperation with the University of Louisville School of Medicine.

Preventive Medicine Program.—The University of Louisville School of Medicine recently received from the W. K. Kellogg Foundation of Battle Creek, Mich., a grant of $141,000, to be used for a five year plan in the field of preventive medicine. Under the new teaching program, which will be initiated this fall, a group of students will be assigned to persons or families needing medical care and will follow the patients' progress. The program will be used in the departments of medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, and community health.

MASSACHUSETTS

France Honors Dr. Churchill.—By decree of the president of the French Republic, Dr. Edward D. Churchill, Boston, was granted the Cross of Knight of the Legion of Honor "as a token of appreciation for his remarkable achievements in the field of surgery and of gratitude for his outstanding contribution in fostering closer cooperation between the scientists of the two countries." The decoration was bestowed, July 14, by M. François Charles-Roux, consul general of France in Boston.

Dr. Feldberg to Give Dunham Lectures.—The faculty of Harvard Medical School, Boston, announces that the Edward K. Dunham lectures will be presented by Dr. Wilhelm Siegmund Feldberg, head of the physiology and pharmacology laboratory, National Institute for Medical Research, London. He will make the following presentations: Oct. 5, Physiology of the Autonomic Nervous System; Oct. 7, Chemical Transmission of Nerve Effects; and Oct. 9, Special Problems of Chemical Transmission of Nerve Effects. The lectures will be given at 5 p. m. in the Harvard Medical School, Amphitheatre, Building D. These annual lectures, which were established to "bind closer the bonds of fellowship and understanding between students and investigators in this and foreign countries," are "free and open to the faculty and students of the Harvard Medical School and College, and all other interested professional persons who may profit by them."

MICHIGAN

Hospital News.—Dr. Harold A. Ott has resigned as medical director of Florence Crittenton Hospital, Detroit, a position which he filled on a part-time basis, and will devote his entire time to private practice. On Oct. 1, Dr. Edward S. Zawadzki will assume the directorial position, in addition to his duties as pathologist and director of clinical laboratories.

Dr. Rector Retires from Cancer Control Program.—Dr. Frank L. Rector, Ann Arbor, has retired from active participation in the cancer control program after 23 years of service. He served as midwestern field representative of the American Cancer Society for 11 years, cancer consultant for the Michigan Department of Health for 5 years, and secretary of the Cancer Control Committee, Michigan State Medical Society for the past 7 years. Dr. Rector prepared the text of "The Story of Cancer for High Schools," recently published by the committee. He has spoken to more than 925 high school audiences and to an equal number of adult lay groups. In 1952 he received the first award of the Public Health Cancer Association of America for his contribution to cancer education and control, and in March, 1953, the Michigan State Medical Society presented him with a scroll of appreciation for his efforts in lay cancer education.

MINNESOTA

Dr. Laird Honored.—Dr. Arthur T. Laird, who retired from the Moose Lake State Hospital staff July 15, was honored by the hospital employees and their families at a picnic held July 7. Dr. Laird, who was formerly a member of the medical staff at Trudeau Sanatorium, Saranac Lake, N. Y., came to Nopeming Sanatorium as superintendent in 1911 and served in this capacity for 30 years. During World War I, he was chosen by the Rockefeller Foundation to work with the French government in demonstrating the most recent advances in the care of tuberculosis patients.

MISSISSIPPI

Fifty Year Club.—The following physicians recently became members of the 50 year club of the Mississippi State Medical Association: George M. Barnes, Belzoni; William W. McBryde, Ethel; George W. F. Rembert and John S. McIntosh, Jackson; John M. Wright, Hernando; James R. Hill, Corinth; and B. Lampton Crawford, Tylertown.

NEW JERSEY

Award for Residents and Interns.—The New Jersey Chapter of the American College of Surgeons announces that (1) a yearly prize of $100 will be given to the surgical resident in a New Jersey hospital who presents the best published paper on a surgical subject and (2) a yearly prize of $100 will be given to the intern in a New Jersey hospital who presents the best unpublished paper on a surgical subject. For information, contact Dr. Benjamin Daversa, 209 Passaic Ave., Spring Lake.

Workshop at Kessler Institute.—The Advisory Committee on Rehabilitation of the Medical Society of New Jersey will sponsor a workshop on employment of the physically handicapped at the Kessler Institute for Rehabilitation, West Orange, Oct. 2, to which physicians, nurses, therapists, social workers, and other rehabilitation personnel are invited. Dr. Henry H. Kessler, medical director of the institute, will make the presentation for medicine. Three panels representing special disability groups have been scheduled for the afternoon program.

Personal.—Dr. Clement M. Jones, Bayonne, was recently awarded the honorary degree of doctor of science by Lincoln University, Oxford, Pa.——Dr. Marcus W. Newcomb, Browns Mills, was guest of honor at a testimonial dinner in recognition of his 50 years as a practicing physician and 34 years as director of the Marcus W. Newcomb Hospital for Chest Diseases, New Lisbon.——Dr. John R. Pavia, East Orange, has been appointed medical director of Public Service Electric and Gas Company and Public Service Coordinated Transport. Dr. Pavia has been affiliated with these organizations in medical work since 1937.

NEW YORK

Cardiac Rehabilitation Program at West Point.—The Orange County Heart Association will present a program dealing with rehabilitation and employment problems at its annual meeting and dinner, Sept. 29, at the Hotel Thayer, West Point. Dr. Leonard J. Goldwater, professor of industrial hygiene, Columbia University College of Physicians and Surgeons, and founder of the Cardiac Work Classification Clinic, Bellevue Hospital, New York City, will be guest speaker. Physicians are invited.

New York City

Radiology Services Consolidated.—Dr. Marcus D. Kogel, city commissioner of hospitals, and Dr. Currier McEwen, dean of the New York University College of Medicine, announce the consolidation of the departments of diagnostic radiology and radiation therapy into a unified department of radiology at Bellevue Hospital Center. Dr. Maxwell H. Poppel, chairman, department of radiology, New York University College of Medicine, has been appointed director of this new service, and Dr. Sidney Rubenfeld, clinical professor of radiology at the college, has been named director of the new division of radiation therapy. Dr. Poppel, who will direct all radiological activities at Bellevue, University, and Gouverneur hospitals, all of which are affiliated with the New York University-Bellevue Medical Center, is also consulting radiologist to the U. S. Naval Hospital at St. Albans, Veterans Administration Hospital, New York, and St. Francis Hospital, Poughkeepsie. During his service as commander in the Naval Reserve during World War II, he was director of radiology, U. S. Naval Hospital, Chelsea, Mass. Dr. Rubenfeld, who served five years in World War II, is attending consultant in radiology at Veterans Administration Hospital, New York, director of the isotope service at Bellevue Hospital Center, and a member of the Oak Ridge board for study of heavy isotope sources.

Symposium on Diabetes.—The New York Diabetes Association will hold a symposium day on diabetes, Oct. 8, at the Memorial Center for Cancer and Allied Diseases, 410 E. 68th St. Presentations by physicians include:

Cyril N. H. Long, New Haven, Conn., Hormonal Control of Carbohydrate Metabolism.
William C. Stadie, Philadelphia, Action of Insulin.
Herman O. Mosenthal, New York, Insulin and Complications of Diabetes—Endogenous and Exogenous Insulin.
Franklin B. Peck, Indianapolis, Indications for the Use of Various Insulins.
David Hurwitz, Boston, Management of Diabetes During Pregnancy.
Lawrence E. Hinkle Jr., New York, Effects of Life Situations and Emotions on Management of Diabetes.
W. Ross McCarty, New York, Management of Surgical Infections in Diabetes with Special Reference to Streptokinase-Streptodornase.
Herbert Pollack, New York, Nutritional Management of Diabetes.

Discussants include Drs. John S. L. Browne, Montreal, Canada, Martin G. Goldner, Brooklyn, and Benjamin I. Ashe, William P. Given, and Elaine P. Ralli, New York. Physicians, medical students, and other professional personnel are invited. Advance registration is necessary.

OHIO

Hospital at Cambridge Closes.—Dr. George F. Swan, chief of staff, announces that, because of his recent illness, the Swan Hospital, Cambridge, has discontinued operation after 23 years of service. He and his brother, Dr. Reo M. Swan, who has been associated in the operation of the hospital, will continue in practice. Dr. George Swan is a former member of the council of the Ohio State Medical Association.

Plaque Dedicated to Physicians in Indian Wars.—As part of the Ohio sesquicentennial celebration, the Ohio State Medical Association and the Ohio Archaeological and Historical Society have erected a marker on the site of Fort St. Clair in honor of physicians who took part in the Indian wars. The marker lists the physicians' names and shows on a sketch the major events in the campaigns. Participating in the dedication ceremonies were Drs. Augustus L. Ross Jr., West Alexandria, president of the Preble County Medical Society; Merrill D. Prugh, Dayton, president-elect of the Ohio State Medical Association; Paul A. Davis, Akron, president of the Ohio State Medical Association; and Jonathan Forman, editor of the *Ohio State Medical Journal*.

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OREGON

Society News.—At its annual meeting at Oregon Caves, the Southern Oregon Medical Society elected Drs. Robert W. Sleeter, Medford, president; John W. Bradshaw, Ashland, vice-president; and Earl L. Lawson, Medford, secretary-treasurer.

University News.—The University of Oregon Medical School, Portland, recently announced the following appointments: Drs. Harold Tivey, assistant professor of medicine; William W. Krippaehne, instructor in surgery; Sarah E. Stewart, instructor in pediatrics; Tyra T. Hutchens and James H. Lium, assistant professors of clinical pathology; Robert D. Koler, clinical associate in medicine; Ruth I. Kukko, instructor in medicine; and Jesse L. Ray, clinical instructor in obstetrics and gynecology. ——The University of Oregon, Portland, recently received grants, totaling $39,880, from the Atomic Energy Commission. Of this sum, $25,000 will be used for the continuation of a hematology research project under the direction of Drs. Edwin E. Osgood and Arthur J. Seaman, division of experimental medicine, and $4,100 for a radium research project being carried on by Dr. Frank B. Queen, department of pathology.

Personal.—Dr. Harold A. Press, Portland, formerly director of the medical program analysis branch of the Veterans Administration, has been appointed regional medical consultant of the National Foundation for Infantile Paralysis for 10 Pacific and western states. His office will be in San Francisco. ——At the annual meeting of the Mental Health Association of Oregon, honorary life membership was voted for Dr. Ferdinand H. Dammasch, Portland, sponsor of recent legislation to build a hospital for aged, mentally ill persons.——Dr. Marlowe H. Schaffner, Cottage Grove, has been appointed medical director of the Songa Mission Hospital located in the Belgian Congo, Africa, where he will supervise a 350 patient leper colony. Dr. Schaffner and his family will spend several months in Europe before going to the new post.——Dr. Rudolph E. Kleinsorge, Silverton, has been made president of the state board of higher education, of which he has been a member since 1941. Dr. Kleinsorge, a past president of the Marion County Medical Society, served on the Silverton school board for nine years.——Dr. William Horsfall, Coos Bay, was honored at the annual convention of the Oregon State Aerie of Eagles at Coos Bay. The entire convention was dedicated to him by the Coos Bay Aerie and a 50 year jewel was presented to him. Dr. Horsfall, the oldest member of the aerie, has been its physician since 1904.

UTAH

Symposium on Atomic Energy.—The University of Utah College of Medicine, Salt Lake City, will present a symposium on medical aspects of atomic energy, Oct. 7-9. The program includes discussion of medical effects of atomic weapons, civil defense considerations, and the clinical and research applications of radioactive elements. Speakers will be scientists from the atomic energy project and principal university research laboratories. For information regarding registration, contact the Office of the Division of Graduate and Postgraduate Medical Education, 175 E. 21st South, Salt Lake City.

VIRGINIA

Meeting on Crippled Children.—The annual Conference on Crippled Children will be held at the Medical College of Virginia, Richmond, Oct. 5-6, under the sponsorship of the Virginia Council on Health and Medical Care, at the request of the Nemours Foundation of Wilmington, Del. The theme of the conference is "Growth and Development of the Crippled Child." Dr. Samuel M. Wishik, professor of maternal and child health, University of Pittsburgh, will present medicine's responsibility, and Bess Goodykoontz, director of comparative education, Division of International Education, Department of Health, Education, and Welfare, Washington, D. C., will present education's responsibility. Physicians are invited. Information may be obtained from Edgar J. Fisher Jr., director, Virginia Council on Health and Medical Care, 102 E. Franklin St., Richmond 19.

Personal.—William T. Sanger, Ph.D., president of the Medical College of Virginia, Richmond, was recently elected president of the National Society for Crippled Children and Adults, Inc.—— Dr. Frederick L. McDaniel, Richmond, for four years assistant to the commissioner of the state department of mental health and hospitals, has resigned to accept a position with the Central Inspection Board of the American Psychiatric Association. ——A portrait of Dr. William Tate Graham was presented to the Crippled Children's Hospital of Richmond by the staff of the hospital, which he has served as surgeon-in-chief since its founding.——The Medical College of Virginia, Richmond, at its 116th commencement bestowed honorary degrees on Dr. Jack Walter Witten, North Tazewell (Master of Humane Letters), Dr. Richard Henry Eanes, Washington, D. C. (Doctor of Laws), and Dr. Richard Hugh Wood, Atlanta (Doctor of Science).

WISCONSIN

State Medical Meeting in Milwaukee.—The annual meeting of the State Medical Society of Wisconsin will be held in the Milwaukee Auditorium Oct. 6-8 under the presidency of Dr. Joseph C. Griffith, Milwaukee. On Oct. 5 there will be a special luncheon for all delegates, councilors, officers, and invited guests, with Dr. Edward J. McCormick, Toledo, Ohio, President of the American Medical Association, as the principal speaker. Each morning, 9-10, teaching demonstrations will be presented in anatomy, obstetrics and gynecology, fractures, cerebral palsy, and gross pathology. Twenty out-of-state speakers will participate in the scientific sessions. On Tuesday, special emphasis programs will be given in the following subjects: Dr. John W. Pender, Rochester, Minn., will discuss "General Anesthesia for the Patient with Cardiac Disease," and Dr. William O. McQuiston, Chicago, "Anesthesia for Cardiac Surgery." Dr. David A. Boyd Jr., Rochester, Minn., will deliver the Rogers Memorial lecture on "Psychological Needs of the Medically and Surgically Ill Patient." Dr. Joseph C. Aub, Boston, will lecture on "The Relation of Hormones to Carcinoma," under the sponsorship of the Wisconsin division of the American Cancer Society. Dr. G. Edmund Haggart, Boston, will present "Management of Low Back and Sciatic Back Pain." Dr. William T. Green, Boston, will lecture on "Reconstructive Surgery in Poliomyelitis" under the sponsorship of the National Foundation for Infantile Paralysis. Dr. Green will also present "Early Treatment of Poliomyelitis" during the Tuesday afternoon scientific assembly, when Dr. Paul L. Shallenberger, Sayre, Pa., will discuss "Lesions of the Lower Colon," and Dr. Pender "Complications in Anesthesia Related to Cortisone Therapy." The Milwaukee Art Institute, which is presenting an art exhibit entitled "The Story of Medicine in Art," will hold a special reception for physicians and their wives at 5:30 p. m. at the Hotel Pfister, preceding the buffet dinner and special program at which Lejaren à Hiller, New York, photographer and illustrator, will be the featured speaker.

The Wednesday afternoon scientific assembly will consist of the following presentations:

Arterial Hypertension as Determined by the Success of Certain Medical or Surgical Procedures, Joseph H. Hafkenschiel Jr., Philadelphia.
Nonoperative Treatment of Stress Incontinence in Women, Lawrence R. Wharton, Baltimore.
Thoracic Trauma, William M. Tuttle, Detroit.
Newer Methods of Diagnosis and Therapy in Office Gynecology, Conrad G. Collins, New Orleans.

Other out-of-state speakers on the Wednesday program are Dr. Charles K. Friedberg, New York, who will lecture on "Electrolyte Disturbances of Heart Disease" and Brig. Gen. Elbert DeCoursey, director, Armed Forces Institute of Pathology, Washington, D. C., who will speak on "The Pathology of Hemorrhagic Fever." A program on obstetrics and gynecology will also be presented Wednesday morning. The annual dinner, dance, and floor show are scheduled for Wednesday evening.

On Thursday Dr. J. Barrett Brown, St. Louis, will conduct a round-table discussion on "Surgical Repair of Radiation Lesions, Including Those of Atomic Origin" and Dr. Oliver P. Kimball, Cleveland, will conduct one on "Epilepsy in Relation to Inheritance." Thursday's special interest programs

include pediatrics, radiology, and surgery. The section on ophthalmology and otolaryngology will hold a luncheon meeting at the Hotel Shroeder. At 1:30 p. m. Dr. Hermann M. Burian, Iowa City, will present "Evaluation of Diagnostic Methods in the Examination of Neuromuscular Anomalies of the Eye." At 2:40 p. m. Dr. Oscar J. Becker, Chicago, will consider "The Septum in Relation to Rhinoplastic Surgery." The closing scientific assembly at the Hotel Shroeder, will consist of the following presentations:

Robert M. Janes, Toronto, Canada, Rounded Shadows in the Chest.
Traian Leucutia, Detroit, Newer Developments in Radiation and Chemotherapy for the Treatment of Cancer.
Milton J. E. Senn, New Haven, Conn., What the Family Physician Should Know About Emotional Problems of Children.

Dr. Janes will also give a lecture on "Breast Carcinoma."

Fire Hazards in Hospitals.—A lecture and demonstration on "Fire and Explosion Hazards in Hospitals and Their Control" will be conducted by Dr. George J. Thomas, professor of anesthesiology, University of Pittsburgh School of Medicine, at 3 p. m., Oct. 2, at Marquette University School of Medicine, 561 N. 15th St., Milwaukee. The program, which is open to all those interested, is sponsored by the Wisconsin Society of Anesthesiologists with the cooperation of Marquette University School of Medicine. Dr. Thomas has worked in close cooperation with the explosives division of the U. S. Bureau of Mines in Pittsburgh since 1938 in research on the prevention of fires and explosions with flammable anesthetic agents. For information, contact Dr. Richard Foregger, BLuemound 8-5848, Milwaukee.

GENERAL

Mine Workers to Build 10 Hospitals.—The United Mine Workers Welfare and Retirement Fund has announced plans to build 10 hospitals in Virginia, West Virginia, and Kentucky, with a total of about 1,000 beds. Construction has been started on the 200 bed unit in Beckley, W. Va., which will maintain a school of practical nursing.

Fulbright Awards Offered.—Twenty U. S. government awards (1954-1955) for university lecturing and 10 awards for advanced research under the Fulbright Act have been announced for Japan. Application forms may be obtained from the Conference Board of Associated Research Councils, Committee on International Exchange of Persons, 2101 Constitution Ave., N.W., Washington 25, D. C. Applications must be submitted before Oct. 15.

Meeting of Clinical Society.—The annual meeting of the Gulf Coast Clinical Society will be held in Mobile, Ala., Oct. 15-16. Guest speakers include:

Carl A. L. Binger, New York, Psychotherapy of Everyday Practice.
Edgar A. Hines Jr., Rochester, Minn., Medical Aspects of Peripheral Vascular Diseases.
Robert Lich Jr., Louisville, Chronic Pyelonephritis.
Joseph H. Farrow, New York, Differential Diagnosis of Lumps in the Breast.
Henry T. Bahnson, Baltimore, Aortic Surgery.
Armand J. Quick, Milwaukee, The Hemorrhagic Diseases.

Drs. Tinsley R. Harrison and Champ Lyons, Birmingham, Ala., will participate in a clinical pathological conference.

National Foundation Fellowships.—The National Foundation for Infantile Paralysis announces a limited number of additional postdoctoral fellowships to candidates whose interests are research and teaching in medicine and the related sciences. The purpose is to increase the number of professional workers qualified to give leadership in the solution of basic and clinical research problems including those of poliomyelitis and other crippling diseases. The fellowships cover a period of from one to five years. Stipends range from $3,600 to $7,000 a year, with marital and dependency status considered in determining awards. Eligibility requirements include United States citizenship, sound health, and an M.D., Ph.D., or equivalent degree. Information may be obtained from: Division of Professional Education, National Foundation for Infantile Paralysis, 120 Broadway, New York 5.

Insurance Medical Directors Meet in New York.—The Association of Life Insurance Medical Directors will hold its annual meeting at the Hotel Statler, New York, Oct. 14-16 under the presidency of Dr. Earl C. Bonnett, New York, medical director of the Metropolitan Life Insurance Company. Wednesday morning there will be a panel discussion on "Systolic Heart Murmurs" by Drs. Henry B. Kirkland, Edson E. Getman, K. Jefferson Thomson, and Harry E. Ungerleider, New York. Friday morning a panel on "Accident and Health-Hospitalization Insurance—A Problem for Mutual Understanding" will be presented by Dr. Ralph M. Filson, Hartford, Conn., Mr. Ralph T. Heller, and Mr. Wendell A. Milliman. The association luncheon will be held Wednesday, and the annual reception and informal dinner are scheduled for Thursday evening.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States, its territories, and possessions in the weeks ended as indicated:

Area	Sept. 12, 1953 Paralytic Type	Sept. 12, 1953 Total Cases Reported	Sept. 13, 1952 Total
New England States			
Maine	16	31	9
New Hampshire	..	9	4
Vermont	7	11	5
Massachusetts	12	32	44
Rhode Island	15	32	8
Connecticut	3	18	35
Middle Atlantic States			
New York	47	182	189
New Jersey	18	41	55
Pennsylvania	..	102	107
East North Central States			
Ohio	32	183	264
Indiana	..	85	107
Illinois	25	113	344
Michigan	44	147	274
Wisconsin	..	45	166
West North Central States			
Minnesota	46	192	405
Iowa	7	32	276
Missouri	15	42	91
North Dakota	1	14	12
South Dakota	..	88	57
Nebraska	5	16	212
Kansas	4	32	181
South Atlantic States			
Delaware	1	3	8
Maryland	25	42	11
District of Columbia	..	5	9
Virginia	14	45	37
West Virginia	13	30	49
North Carolina	11	31	36
South Carolina	3	11	12
Georgia	8	24	20
Florida	17	48	29
East South Central States			
Kentucky	6	17	162
Tennessee	3	24	43
Alabama	14	23	19
Mississippi	2	20	28
West South Central States			
Arkansas	9	16	28
Louisiana	6	16	41
Oklahoma	4	29	61
Texas	15	47	151
Mountain States			
Montana	2	14	21
Idaho	..	4	34
Wyoming	..	4	8
Colorado	7	19	45
New Mexico	..	4	30
Arizona	..	8	13
Utah	..	5	16
Nevada	..	2	3
Pacific States			
Washington	..	28	80
Oregon	15	22	24
California	91	160	189
Territories and Possessions			
Alaska	..	3	..
Hawaii	..	..	2
Puerto Rico	2	2	2
Total	565	2,103	4,056

Industrial Health Conference.—The Upper Midwest Industrial Health Conference will be held at the Hotel Nicollet, Minneapolis, Oct. 2, under the sponsorship of the Minnesota State Medical Association, Minneapolis Chamber of Commerce, and Central States Society of Industrial Medicine and Surgery in cooperation with the Hennepin County Medical Society, Minnesota Academy of Occupational Medicine, and Minnesota Industrial Nurses Association. In the morning Dr. Orwood J. Campbell, Minneapolis, will serve as moderator for a panel discussion entitled "Health Service in Industry," and Dr. James R. Fox, Minneapolis, will moderate a panel discussion entitled "The Role of Psychology in Industry." The following presentations will be made during the afternoon session:

Injuries of the Hand, Albert T. Hays, Minneapolis.
Dermatology in Industry, Mr. Robert W. Plunkett.
Eye Injuries, Malcom A. McCannel, Minneapolis.

Dr. Leonard A. Scheele, Washington, D. C., Surgeon General, U. S. Public Health Service, will be the guest speaker at the dinner and evening session, 6:30-9 p. m.

Otolaryngologist Wanted in India.—The Vellore Christian Medical College in southern India, an international enterprise of the mission boards of Protestant church denominations in Canada, Britain, Australia, and the United States, is seeking a department head for its ENT staff. The college hospital has 550 beds, a dozen of which are allotted to the department of otolaryngology. The ENT outpatient department has a daily attendance of 50 to 60 patients. There are 175 students enrolled in the five medical classes. The program of teaching comprises 12 lectures to the fifth year students, sections for clinical work, rounds, and clinicopathological conferences. There is a large volume of clinical and operative work. The applicant should be a member of a Protestant church and a diplomate of the American Board of Otolaryngology, have three years of teaching experience, and be willing to serve for at least three years on a very modest salary. Details may be obtained from Miss Sarah Scudder Lyon, secretary, Vellore Christian Medical College Board, 156 Fifth Ave., New York 10.

Meeting on Surgery of Trauma.—The American Association for the Surgery of Trauma will hold its annual session at the Drake Hotel, Chicago, Oct. 1-3. Dr. Martin C. Lindem, Salt Lake City, will deliver the presidential address Friday morning. Dr. Paul R. Hawley, Chicago, will be toastmaster at the banquet, 8 p. m., where Frank G. Dickinson, Ph.D., director, A. M. A. Bureau of Medical Economic Research, will speak on "Pension Plans for Physicians." Ladies and other guests are invited. A film on "Transportation of the Injured Within the Hospital" will be presented by invitation by Dr. David R. Limbach, Flint, Mich., Friday, 8:30 a. m. Films on "The Principles of the Reduction of Fractures" and "Fractures of the Humerus," shown Saturday, 8:15 a. m., through the courtesy of the chief medical director, Veterans Administration, will be discussed by Dr. William A. Larmon, Chicago. The Edward D. Churchill lecture will be delivered Friday afternoon under the sponsorship of the Excelsior Club by Dr. Carl A. Moyer, St. Louis. The sessions will end Saturday morning with "Narrative Reports on the Management of Mass Civilian Casualties (The Story of Three Hurricanes)" by Drs. George J. Curry, Flint, Mich., George R. Dunlop, Worcester, Mass., and Hannibal L. Jaworski, Waco, Texas.

Medical Research Fellowships.—The National Research Council is accepting applications for postdoctoral research fellowships for 1954-1955. These awards, designed to offer research experience for promising individuals who look forward to investigative careers, do not provide practical experience in the clinical field. Ordinarily fellowships are not granted to persons over age 35. The following programs are announced:

1. Fellowships in cancer research, awarded by the American Cancer Society on recommendation of the committee on growth of the division of medical sciences, are available for study in all branches of the biological, chemical, and physical sciences and of clinical investigation applicable to the study of growth, typical or malignant. Citizens of the United States are eligible.

2. British-American exchange fellowships in cancer research, awarded by the American Cancer Society on recommendation by the committee on growth, are offered to citizens of the United States for advanced study in Great Britain in specialized fields pertaining to the problem of cancer. Similar fellowships are awarded by the British Empire Cancer campaign to British scientists for research in the United States.

3. Fellowships in the medical sciences, supported by the Rockefeller Foundation and the Lilly Research Laboratories, are administered by the medical fellowship board of the division. Fellows are expected to devote themselves to research in the basic medical sciences. The Rockefeller fellowships are open to citizens of the United States and Canada; the Lilly fellowships only to citizens of the United States.

4. Fellowships in tuberculosis, administered by the medical fellowship board under a grant from the National Tuberculosis Association and designed to promote the development of investigators in fields related to tuberculosis, are open to citizens of the United States, graduates of American schools.

5. Fellowships in radiological research are administered by the division's committee on radiology for the James Picker Foundation. Appointments are not limited to citizens of the United States.

Applications for 1954-1955 under any of these programs must be postmarked on or before Dec. 10. Fellowships are awarded in the late winter or early spring. Details may be obtained from the Fellowship Office, National Research Council, 2101 Constitution Ave., N.W., Washington 25, D. C.

Meeting of Vermont and New Hampshire Societies.—The fourth annual combined meeting of the Vermont State Medical Society, New Hampshire Medical Society, and the woman's auxiliaries will convene at Equinox House, Manchester, Vt., Oct. 4-6. Dr. Paul K. French, Burlington, Vt., is president of the Vermont society, and Dr. Joseph N. Friborg, Manchester, N. H., of the New Hampshire society. Preceding the official sessions, the golf tournament will be held at Equinox Links on Saturday, and the sports dinner on Sunday. All physicians are invited to attend the scientific session of the New Hampshire Heart Association in the Garden House at 3 p. m. Sunday. Out-of-state speakers will present the following papers on Monday:

Henry L. Bockus, Philadelphia, Post Cholecystectomy Syndrome. Diseases of the Gastrointestinal System.
Edward A. Edwards, Boston, Varieties of Digital Ischemia and Their Management.
Charles P. Emerson Jr., Boston, Recent Advances in Transfusion Therapy.

A Dutch treat cocktail party will be held in the Garden House at 6:30 p. m., preceding the banquet for which Dr. Howard J. Farmer, St. Johnsbury, Vt., will act as toastmaster. Major General Ernest N. Harmon, USA, Ret., Northfield, Vt., will speak on "Our Position of World Leadership." Sectional meetings will be held on Tuesday. Dr. Ruth Fox, New York, will participate in a panel discussion which will follow her presentation on "Basic Concepts in the Interpretation of Alcoholism as a Medical Condition." The section on anesthesiology will have a panel discussion on "Oxygen Want"; the section on ear, eye, nose and throat, a round-table conference on "Treatment of Complications of Ocular Surgery"; and the section on public health, a round-table discussion on "Present Day Problems in Public Health." Dr. Frederick W. Goodrich Jr., New London, Conn., will discuss "Experiences with 'Natural Childbirth'" before the section on obstetrics and gynecology. The section on internal medicine will have as guest speaker Dr. Joseph F. Ross, Boston, who will present "Immunohematologic Diseases."

CORRECTION

Blood Alcohol Concentration.—In a medicolegal abstract in THE JOURNAL, Aug. 1, 1953, page 1368, a technologist was quoted as testifying that a blood alcohol concentration of 0.28% means 2,800 mg. of alcohol per 100 cc. of blood. The statement quoted in the abstract appeared in the reported opinion of the Supreme Court of Colorado. Obviously what the technologist should have said is that 0.28% is equivalent to 280 mg. per 100 cc., or 2,800 mg. per 1,000 cc.

MEETINGS

AMERICAN MEDICAL ASSOCIATION: Dr. George F. Lull, 535 North Dearborn St., Chicago 10, Secretary.

1953 Clinical Meeting, St. Louis, Dec 1-4.
1954 Annual Meeting, San Francisco, June 21-25.
1954 Clinical Meeting, Miami, Florida, Nov. 30-Dec. 3.
1955 Annual Meeting, Atlantic City, N. J., June 6-10.
1955 Clinical Meeting, Boston, Nov. 29-Dec. 2.

NATIONAL CONFERENCE ON PHYSICIANS AND SCHOOLS, Moraine-on-the-Lake Hotel, Highland Park, Ill., Sept. 30-Oct. 2. Dr. W. W. Bauer, 535 N. Dearborn St., Chicago 10, Director.

AMERICAN ACADEMY FOR CEREBRAL PALSY, Western Hills Hotel, Fort Worth, Texas, Oct. 30-31. Dr. Harry E. Barnett, 116 S. Michigan Blvd., Chicago 3, Secretary.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, Palmer House, Chicago, Oct. 12-16. Dr. W. L. Benedict, 100 First Avenue Bldg., Rochester, Minn., Executive Secretary.

AMERICAN ACADEMY OF PEDIATRICS, Municipal Auditorium, Miami, Fla., Oct. 6-9. Dr. E. H. Christopherson, 610 Church St., Evanston, Ill., Secretary.

AMERICAN ACADEMY OF TROPICAL MEDICINE, Brown Hotel, Louisville, Ky., Nov. 12-14. Dr. E. Harold Hinman, University of Puerto Rico, School of Medicine, San Juan 22, P. R., Secretary.

AMERICAN ASSOCIATION OF BLOOD BANKS, LaSalle Hotel, Chicago, Oct. 17-20. Miss Marjorie Saunders, 3500 Gaston Ave., Dallas 4, Texas, Secretary.

AMERICAN ASSOCIATION OF MEDICAL CLINICS, Congress Hotel, Chicago, Oct. 9-11. Dr. Edwin P. Jordan, P. O. Box 114, Charlottesville, Va., Executive Director.

AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Palace Hotel, San Francisco, Oct. 5-9. Miss Doris Gleason, 510 N. Dearborn St., Chicago 10, Executive Secretary.

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA, Drake Hotel, Chicago, Oct. 1-3. Dr. James K. Stack, 700 North Michigan Blvd., Chicago, Secretary.

AMERICAN CANCER SOCIETY, New York, Nov. 2-6. Dr. Charles S. Cameron, 47 Beaver St., New York 4, Medical Director.

AMERICAN CLINICAL AND CLIMATOLOGICAL ASSOCIATION, The Homestead, Hot Springs, Va., Nov. 2-4. Dr. Marshall N. Fulton, 124 Waterman St., Providence 6, R. I., Secretary.

AMERICAN COLLEGE OF CARDIOLOGY, Hotel Statler, Cleveland, Ohio, Nov. 6-7. Dr. Philip Reichert, 480 Park Ave., New York 22, Secretary.

AMERICAN COLLEGE OF SURGEONS, Conrad Hilton Hotel, Chicago, Oct. 5-9. Dr. Michael L. Mason, 40 East Erie St., Chicago, Secretary.

AMERICAN DENTAL ASSOCIATION, Cleveland, Sept. 28-Oct. 1. Dr. Harold Hillenbrand, 222 E. Superior St., Chicago 11, General Secretary.

AMERICAN FRACTURE ASSOCIATION, Mission Inn, Riverside, Calif., Oct. 12-15. Dr. H. W. Wellmerling, 120 S. LaSalle St., Chicago 3, Secretary.

AMERICAN PUBLIC HEALTH ASSOCIATION, Hotel New Yorker and Hotel Statler, New York, Nov. 9-13. Dr. Reginald M. Atwater, 1790 Broadway, New York 19, Executive Secretary.

AMERICAN ROENTGEN RAY SOCIETY, Netherland Plaza, Cincinnati, Sept. 29-Oct. 2. Dr. Barton R. Young, Germantown Hospital, Philadelphia 44, Secretary.

AMERICAN SCHOOL HEALTH ASSOCIATION, Hotel New Yorker, New York, Nov. 9-13. Dr. A. O. DeWeese, 515 East Main St., Kent, Ohio, Secretary.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Olympic Hotel, Seattle, Oct. 6-9. Dr. J. Earl Remlinger Jr., Room 1101, 188 W. Randolph St., Chicago, Secretary.

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS, Drake Hotel, Chicago, Oct. 12-16. Dr. Clyde G. Culbertson, 1040 W. Michigan St., Indianapolis, Secretary.

AMERICAN SOCIETY FOR THE STUDY OF ARTERIOSCLEROSIS, Hotel Knickerbocker, Chicago, Nov. 1-2. Dr. O. J. Pollak, P. O. Box 228, Dover, Del., Secretary.

AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE, Brown Hotel, Louisville, Ky., Nov. 12-14. Dr. John E. Larsh Jr., University of North Carolina, School of Public Health, Chapel Hill, N. C., Secretary.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES, Hotel Claridge, Atlantic City, N. J., Oct. 26-28. Dr. Dean F. Smiley, 185 N. Wabash Ave., Chicago 1, Secretary.

ASSOCIATION OF LIFE INSURANCE MEDICAL DIRECTORS OF AMERICA, Hotel Statler, New York, Oct. 14-16. Dr. Henry B. Kirkland, P. O. Box 594, Newark 1, N. J., Secretary.

ASSOCIATION OF MEDICAL ILLUSTRATORS, Sheraton Hotel, Baltimore, Oct. 5-7. Miss Evelyn J. Erickson, 1512 St. Antoine St., Detroit 26, Secretary.

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES, Hotel Statler, Washington, D. C., Nov. 8-11. Dr. R. R. Sayers, Armed Forces Institute of Pathology, Washington 25, D. C., Secretary.

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS, Washington Hotel, Washington, D. C., Nov. 4-7. Dr. John D. Porterfield, 306 Ohio Depts. Bldg., Columbus 15, Ohio, Secretary.

CENTRAL ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, The Shamrock, Houston, Texas, Nov. 5-7. Dr. Harold L. Gainey, Suite 602, 116 South Michigan Ave., Chicago 3, Secretary.

CENTRAL NEUROPSYCHIATRIC ASSOCIATION, Claypool Hotel, Indianapolis, Oct. 15-17. Dr. Hamilton Ford, 112 North Blvd., Galveston, Texas, Secretary.

COLLEGE OF AMERICAN PATHOLOGISTS, Drake Hotel, Chicago, Oct. 12-16. Dr. Harry P. Smith, 203 N. Wabash Ave., Chicago 1, Secretary.

COLORADO STATE MEDICAL SOCIETY, Shirley-Savoy Hotel, Denver, Sept. 29-Oct. 2. Mr. Harvey T. Stethman, 835 Republic Bldg., Denver 2, Executive Secretary.

CONSTANTINIAN SOCIETY, Battery Park Hotel, Asheville, N. C., Oct. 18-21. Dr. C. F. Shook, Medical Director, Owens-Illinois Glass Company, Toledo 1, Ohio, Secretary.

DELAWARE, MEDICAL SOCIETY OF, Hotel du Pont, Wilmington, Oct. 12-14 Dr. Andrew M. Gehret, 822 North American Bldg., Secretary.

DISTRICT OF COLUMBIA, MEDICAL SOCIETY OF THE, Hotel Statler, Washington, Oct. 5-7. Mr. Theodore Wiprud, 1718 M St. N.W., Washington 6, Secretary.

GULF COAST CLINICAL SOCIETY, Admiral Semmes Hotel, Mobile, Ala., Oct. 15-16. Dr. William J. Atkinson Jr., 1217 Government St., Mobile 20, Ala., Secretary.

GULF COAST CONFERENCE ON INDUSTRIAL HEALTH, Shamrock Hotel, Houston, Tex., Oct. 1-3. Dr. Sidney Schnur, 411 Medical Arts Bldg., Houston 2, Tex., Co-Chairman.

INDIANA STATE MEDICAL ASSOCIATION, French Lick, Oct. 19-21. Mr. James A. Waggener, 23 E. Ohio St., Indianapolis 4, Executive Secretary.

INTERSTATE POST GRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA, Palmer House, Chicago, Nov. 2-5. Dr. E. R. Schmidt, 1300 University Ave., Madison 5, Wisconsin, Secretary.

INTER-SOCIETY CYTOLOGY COUNCIL, Philadelphia, Nov. 19-20. Dr. Paul F. Fletcher, 634 North Grand Blvd., St. Louis 3, Secretary.

KANSAS CITY SOUTHWEST CLINICAL SOCIETY, Kansas City, Mo., Sept. 28-Oct. 1. Dr. W. H. Algie, 825 North 7th Street, Kansas City, Kans., Secretary.

MIDWESTERN SECTION OF AMERICAN FEDERATION FOR CLINICAL RESEARCH, Congress Hotel, Chicago, Oct. 29. Dr. Robert J. Glaser, 600 S. Kingshighway Blvd., St. Louis 10, Secretary.

NATIONAL ASSOCIATION FOR MENTAL HEALTH, New York, Nov. 17-19. Dr. George S. Stevenson, 1790 Broadway, New York 19, Medical Director.

NATIONAL GASTROENTEROLOGICAL ASSOCIATION, Hotel Biltmore, Los Angeles, Oct. 12-17. Dr. A. Xerxes Rossien, 1819 Broadway, New York 23, Secretary.

NATIONAL PROCTOLOGIC ASSOCIATION, Congress Hotel, Chicago, Oct. 15-17. Dr. George E. Mueller, 59 East Madison St., Chicago 2, Secretary.

NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, Palmer House, Chicago, Nov. 12-14. Mr. Lawrence J. Linck, 11 South LaSalle St., Chicago 3, Secretary.

NEW ENGLAND OBSTETRICAL AND GYNECOLOGICAL SOCIETY, Hotel Somerset, Boston, Oct. 28. Dr. Carmi R. Alden, 270 Commonwealth Ave., Boston, Secretary.

NEW HAMPSHIRE MEDICAL SOCIETY, Equinox House, Manchester, Vt., Oct. 4-6. Dr. Deering G. Smith, 44 Chester St., Nashua, Secretary.

NORTH PACIFIC SURGICAL ASSOCIATION, Victoria, B. C., Nov. 20-21. Dr. John A. Duncan, 509 Olive Way, Seattle, Secretary.

OKLAHOMA CITY CLINICAL SOCIETY, Oklahoma City, Oct. 26-29. Miss Alma F. O'Donnell, 512 Medical Arts Bldg., Oklahoma City 2, Executive Secretary.

OMAHA MID-WEST CLINICAL SOCIETY, Hotel Paxton, Omaha, Oct. 26-30. Miss Irene Rau, 1031 Medical Arts Bldg., Omaha 2, Executive Secretary.

OREGON STATE MEDICAL SOCIETY, Heathman Hotel, Portland, Oct. 14-17. Dr. Charles E. Littlehales, 833 S.W. Eleventh Ave., Portland 5, Secretary.

REGIONAL MEETINGS, AMERICAN COLLEGE OF PHYSICIANS:

WESTERN NEW YORK, Syracuse, Oct. 9. Dr. E. C. Reifenstein, 109 South Warren St., Syracuse 2, Governor.

OHIO, Dayton, Oct. 9. Dr. Charles A. Doan, Ohio State University College of Medicine, Columbus 10, Governor.

MONTANA-WYOMING, Missoula, Mont., Oct. 9-10. Dr. Harold W. Gregg, 127 West Park Street, Butte, Mont., Governor.

NW ENGLAND—CONN., MAINE, MASS., N. H., R. I., VT.—Hartford, Conn., Oct. 28. Dr. John C. Leonard, 80 Seymour St., Hartford 15, Conn., Chairman.

NEW JERSEY, Trenton, Nov. 4. Dr. Edward C. Klein Jr., 73 Lincoln Park, Newark 2, Governor.

SOUTHEASTERN—CUBA, ALABAMA, FLORIDA, GEORGIA, SOUTH CAROLINA—St. Simons, Sea Island, Ga., Oct. 16-17. Dr. Carter Smith, 384 Peachtree St. N.E., Atlanta 3, Ga., Chairman.

REGIONAL MEETINGS, AMERICAN RHEUMATISM ASSOCIATION:

OHIO AND WESTERN PENNSYLVANIA, Mayflower Hotel, Akron, Ohio, Nov. 11. Dr. Roger Q. Davis, 1405 Goodyear Blvd., Akron 5, Ohio, Chairman.

SOUTH CENTRAL BRANCH, AMERICAN UROLOGICAL ASSOCIATION, Kansas City, Mo., Sept. 20-23. Dr. Rex E. Van Duzen, 721 Medical Arts Bldg., Dallas, Texas, Chairman.

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SOUTHERN MEDICAL ASSOCIATION, Municipal Auditorium, Atlanta, Ga., Oct. 26-29. Mr. C. P. Loranz, 1020 Empire Bldg., Birmingham 3, Ala., Secretary.

SOUTHWESTERN MEDICAL ASSOCIATION, El Conquistador Hotel, Tucson, Ariz., Oct. 29-31. Dr. C. C. Stapp, 800 Montana St., El Paso, Texas, Secretary.

SOUTHWESTERN SURGICAL CONGRESS, Hotel Utah, Salt Lake City, Sept. 21-23. Dr. C. R. Rountree, 1227 Classen St., Oklahoma City 3, Secretary.

TENNESSEE VALLEY MEDICAL ASSEMBLY, Read House Hotel, Chattanooga, Sept. 28-29. Dr. William G. Stephenson, 612 Medical Arts Bldg., Chattanooga 3, President.

VERMONT STATE MEDICAL SOCIETY, Equinox House, Manchester, Oct. 4-6. Dr. James P. Hammond, 542 Main St., Bennington, Secretary.

VIRGINIA, MEDICAL SOCIETY OF, Hotel Roanoke, Roanoke, Oct. 18-21. Mr. Robert I. Howard, 1105 W. Franklin St., Richmond 20, Executive Secretary.

WESTERN ORTHOPEDIC ASSOCIATION, Sun Valley, Idaho, Oct. 5-8. Dr. Forrest L. Flashman, 1301 Spring St., Seattle 4, Secretary.

WISCONSIN, STATE MEDICAL SOCIETY OF, Hotel Schroeder, Milwaukee, Oct. 5-8. Mr. Charles H. Crownhart, 709 East Gorham St., Madison 3, Secretary.

FOREIGN

ASSOCIATION OF SURGEONS OF GREAT BRITAIN AND IRELAND, Leeds, England, May 13-15, 1954. Dr. Henry W. S. Wright, 45 Lincoln's Inn Fields, London W.C.2, England, Honorary Secretary.

CANADIAN MEDICAL ASSOCIATION, Vancouver, B. C., Canada, June 18-22, 1954. Dr. T. C. Routley, 135 St. Clair Ave. W., Toronto 5, Ont., Canada, General Secretary.

CONGRESS OF INTERNATIONAL ANESTHESIA RESEARCH SOCIETY, Chateau Frontenac, Quebec, Canada, October 26-29. Dr. A. William Friend, 515 Nome Ave., Akron 20, Ohio, Chairman, Program Committee.

INTERNATIONAL CANCER CONGRESS, Sao Paulo, Brazil, July 23-29, 1954. Prof. A. Prudente, 171 rua Benjamin Constante, Sao Paulo, Brazil, President.

INTERNATIONAL CONFERENCE ON THROMBOSIS AND EMBOLISM, Basle, Switzerland, July 15-19, 1954. Dr. W. Merz, Chief Medical Officer, Gynecological Clinic, University of Basle, Basle, Switzerland, Hon. Secretary.

INTERNATIONAL CONGRESS ON GROUP PSYCHOTHERAPY, Toronto, Ont., Canada, Aug. 12-14, 1954. Dr. J. L. Moreno, Room 327, 101 Park Ave., New York 17, N. Y., U. S. A., Director of Organizing Committee.

INTERNATIONAL CONGRESS OF HYDROCLIMATISM AND THALASSOTHERAPY, Dubrovnik, Yugoslavia, May 8-16, 1954. Prof. C. Plavsic, Zeleni Venac 1, Belgrade, Yugoslavia, Secretary General.

INTERNATIONAL CONGRESS OF INTERNATIONAL COLLEGE OF SURGEONS, Sao Paulo, Brazil, April 26-May 2, 1954. Dr. Max Thorek, 1516 Lake Shore Drive, Chicago, Illinois, U. S. A., Secretary-General.

INTERNATIONAL CONGRESS ON MENTAL HEALTH, University of Toronto, Toronto, Ontario, Canada, Aug. 14-21, 1954. For information write: Executive Officer, International Congress on Mental Health, 111 St. George St., Toronto, Ontario, Canada.

INTERNATIONAL CONGRESS ON OBSTETRICS AND GYNECOLOGY, Geneva, Switzerland, July 26-31, 1954. Dr. H. de Watteville, Maternité Hôpital Cantonal, Geneva, Switzerland, President.

INTERNATIONAL CONGRESS OF ORTHOPEDIC SURGERY AND TRAUMATOLOGY, Berne, Switzerland, Aug. 30-Sept. 3, 1954. For information write: Professor M. Dubois, Isle-Hospital, Berne, Switzerland.

INTERNATIONAL CONGRESS OF PAEDIATRICS, Havana, Cuba, Oct. 12-17. Prof. Felix Hurtado, 5a Avenue 124, Miramar, Havana, Cuba, President.

INTERNATIONAL CONGRESS OF PSYCHOLOGY, Montreal, Canada, June 7-12, 1954. For information write: Prof. H. S. Langfeld, International Union of Scientific Psychology, Eno Hall, Princeton University, Princeton, N. J., U. S. A.

INTERNATIONAL CONGRESS FOR PSYCHOTHERAPY, Zurich, Switzerland, July 21-24, 1954. Dr. H. K. Fierz, Theaterstrasse 12, Zurich 1, Switzerland, Secretary General.

INTERNATIONAL GERONTOLOGICAL CONGRESS, London and Oxford, England, July 12-22, 1954. Prof. R. E. Tunbridge, General Infirmary, Department of Medicine, The University, Leeds, England, President.

INTERNATIONAL LEPROSY CONGRESS, Madrid, Spain, Oct. 3-10. Dr. Felix Contreras, Moreto 15, Madrid, Spain, Secretary.

INTERNATIONAL OFFICE OF DOCUMENTATION OF MILITARY MEDICINE, Rome, Italy, Oct. 14-18. Colonel Medecin Prof. A. Campana, Office of the Ministero della Difesa-Esercito, Rome, Italy, Secretary.

JOURNEES MEDICALES, Paris, France, April 21-25, 1954. For information write: Secretariat of the Journees, 12, rue Pierre-Geofroix, Colombes (Seine) France.

LATIN AMERICAN CONGRESS OF OBSTETRICS AND GYNECOLOGY, Buenos Aires, Argentina, Oct. 26-31.

LATIN AMERICAN CONGRESS OF OTORHINOLARYNGOLOGY, Caracas, Venezuela, Feb. 21-25, 1954. Dr. Victorino Marquez Reveron, Centro, Medico, Caracas, Venezuela, Secretary-General.

PACIFIC SCIENCE CONGRESS, Quezon City and Manila, Philippines, Nov. 16-28. Dr. Patrocinio Valenzuela, College of Pharmacy, University of the Philippines, Quezon City, Philippines, Secretary-General.

PAN AMERICAN CONGRESS OF OTORHINOLARYNGOLOGY AND BRONCHOESOPHAGOLOGY, Mexico, D.F., Mexico, Feb. 28-March 4, 1954.

PAN AMERICAN MEDICAL ASSOCIATION, International Medical Cruise Congress, S. S. Nieuw Amsterdam, Jan. 6-22, 1954. Dr. Joseph J. Eller, 745 Fifth Avenue, New York 22, N. Y., U. S. A., Executive Director.

PAN AMERICAN MEDICAL WOMEN'S ALLIANCE, Beekman Towers Hotel, New York, N. Y., Sept. 24-Oct. 1. Dr. Ina March, 140 Linwood Ave., Buffalo, N. Y., U. S. A., Registration Chairman.

PERSIAN GULF MEDICAL SOCIETY, Dhahran, Saudi Arabia, Dec. 7-8. Dr. N. J. Conan Jr., Department of Internal Medicine, Arabian American Oil Company, Dhahran, Saudi Arabia, Secretary.

REGIONAL MEETING, AMERICAN COLLEGE OF PHYSICIANS, San Juan, Puerto Rico, Oct. 15-17. Dr. R. Rodriquez-Molina, Veterans Administration Center, San Juan, Puerto Rico, Governor.

SECTIONAL MEETING, AMERICAN COLLEGE OF SURGEONS, London, England, May 17-19, 1954. Dr. Michael L. Mason, 40 East Erie St., Chicago 11, Ill., U. S. A., Secretary.

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS, Edinburgh, Scotland, August 17, 1954.

EXAMINATIONS AND LICENSURE

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS: *Parts I and II.* All centers where there are five or more candidates. Sept. 8-10 (Part I only). Candidates may file applications at any time, but the National Board must receive them at least six weeks before the date of the examination they wish to take. Exec. Sec., Dr. John P. Hubbard, 133 South 36th St., Philadelphia 4.

EXAMINING BOARDS IN SPECIALTIES

AMERICAN BOARD OF ANESTHESIOLOGY: *Written.* Various Centers, July 16, 1954. Sec., Dr. Curtiss B. Hickox, 80 Seymour St., Hartford 15.

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOGY: All candidates must now pass a written examination. *Oral.* Philadelphia, Oct. 16-18. To be eligible, candidate must complete 36 months of training before Oct. 1. Final date for filing applications was May 1. Exec. Sec., Miss Janet Newkirk, 66 East 66th St., New York 21.

AMERICAN BOARD OF INTERNAL MEDICINE: *Oral.* San Francisco, Sept. 30-Oct. 2, Chicago, Nov. 30-Dec. 2. The closing date for acceptance of applications for the San Francisco and Chicago oral examination was April 1. *Written.* October 19. The closing date for acceptance of applications was May 1. Exec. Sec.-Treas., Dr. William A. Werrell, 1 West Main St., Madison 3.

AMERICAN BOARD OF NEUROLOGICAL SURGERY: *Oral.* New Haven, October. Final date for filing application was July 1. Sec., Dr. Leonard T. Furlow, Washington University School of Medicine, Kingshighway and Euclid Ave., St. Louis.

AMERICAN BOARD OF NEUROLOGY AND PSYCHIATRY: *Psychiatry and Neurology.* Dec. 14-15. Applications no longer being accepted. Chicago, April 29-30. Final date for filing application is Feb. 1. Sec., Dr. David A. Boyd, Jr., 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Written.* Various cities of the United States and Canada, Feb. 5. Application for examination or re-examination, as well as requests for resubmission of case reports, must be made prior to October 1. Sec., Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6.

AMERICAN BOARD OF OPHTHALMOLOGY: Chicago, Oct. 5-9. *Written.* Various Centers, January 1954. Final date for filing applications was July 1. Sec., Dr. Edwin B. Dunphy, 56 Ivie Road, Cape Cottage, Maine.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: *Part II.* Chicago, Jan. 20-22. Final date for filing application was August 15. Final date for filing application for Part I is Nov. 30. Sec., Dr. Harold A. Sofield, 122 S. Michigan Ave., Chicago 3.

AMERICAN BOARD OF OTOLARYNGOLOGY: *Oral.* Chicago, Oct. 5-9. Sec., Dr. Dean M. Lierle, University Hospital, Iowa City.

AMERICAN BOARD OF PATHOLOGY: *Written. Pathologic Anatomy and Clinical Pathology.* Chicago, Oct. 8-10. Sec., Dr. William B. Wartman, 303 E. Chicago Ave., Chicago.

AMERICAN BOARD OF PEDIATRICS: *Oral.* Miami, Oct. 9-11; Indianapolis, Dec. 4-6. Exec. Sec., Dr. John McK. Mitchell, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PLASTIC SURGERY: *Entire Examination.* San Diego, Oct. 29-31. Final date for receipt of case reports was June 1. Corres. Sec., Mrs. Estelle E. Hillerich, 4647 Pershing Ave., St. Louis 8.

AMERICAN BOARD OF PROCTOLOGY: *Part II. Oral and Written. Anorectal Surgery and Proctology.* Philadelphia, Sept. 19. Sec., Dr. Louis A. Buie, 102-110 Second Ave. S.W., Rochester, Minn.

AMERICAN BOARD OF RADIOLOGY: *Oral. Radiology, Roentgenology, Diagnostic Roentgenology and Therapeutic Radiology.* Chicago, Dec. 6-11. Final date for filing application was July 1. Sec., Dr. B. R. Kirklin, 102-110 Second Ave. S.W., Rochester, Minn.

AMERICAN BOARD OF SURGERY: *Part I.* Oct. 28, 1953, March 31, 1954 and Oct. 27, 1954. *Part II.* New York City, Oct. 12-13; Chicago, Nov. 9-10; St. Louis, Dec. 14-15; Los Angeles, Jan. 11-12, 1954; Galveston, Jan. 15-16; Washington, Feb. 8-9; Cincinnati, March 8-9; New Orleans, April 12-13; Philadelphia, May 10-11; Boston, June 14-15. Sec., Dr. John B. Flick, 225 S. 15th St., Philadelphia 2.

BOARD OF THORACIC SURGERY: *Written.* Various centers throughout the country, September 11. Final date for filing application was July 1. Sec., Dr. William M. Tuttle, 1151 Taylor Ave., Detroit 2.

DEATHS

Harvey, Samuel Clark ✦ New Haven, Conn.; born in Washington, Conn., Feb. 12, 1886; Yale University School of Medicine, New Haven, 1911; became an Alonzo Clark fellow in pathology and instructor in pathology at Columbia University in New York; also served for one year as assistant resident physician in the Loomis Sanatorium in New York; from 1914 to 1917 was house officer in surgery and assistant resident in surgery at the Peter Bent Brigham Hospital in Boston and Arthur Tracy Cabot fellow in surgery at Harvard University in Boston; during World War I joined the medical corps of the U. S. Army and served in France as a major; on release from the armed forces in 1919, was made resident surgeon in the New Haven Hospital and instructor in surgery at his alma mater; the following year was promoted to assistant professor of surgery and in 1921 was named an associate professor; three years later was made William H. Carmalt professor of surgery, the chair he held until his appointment in 1947 as first United States and Yale professor of surgery in oncology; in August, 1952, retired, after 33 years on the faculty of Yale, with the title of William H. Carmalt professor emeritus of surgery; he was honored by 21 surgeons over the nation in 1951 when a portrait of him was presented to Yale, and a fund created in his name for partial support of a surgical assistant resident each year; during World War II served as consultant to the U. S. Office of Scientific Research and Development; as a member of the research organization's committee on medical research on burns, was instrumental in the development of the pyruvic acid method of treating burns; member of the founders group of the American Board of Surgery; member of the House of Delegates of the American Medical Association 1934-1935; helped formulate the policies of both the Connecticut State Cancer Society and the Connecticut State Medical Society, which he served as president; served as president of the American Surgical Association and Association of the Yale Alumni in Medicine; member of the Society of Clinical Surgery, Society of Neurological Surgeons, Sigma Xi, New England Surgical Society, and the American Association for Thoracic Surgery; fellow of the American College of Surgeons; in May, 1950, was awarded the annual medal of the American Cancer Society; chief surgeon in the Grace New Haven Community Hospital and Dispensary, where he was a member of the doctors' advisory committee; consulting surgeon for the Connecticut Tuberculosis Commission; in 1931 Western Reserve University of Cleveland conferred on him the honorary degree of doctor of science; died suddenly, Aug. 23, aged 67.

Gibby, Herbert B. ✦ Wilkes-Barre, Pa.; born in Princeton, N. J., Sept. 12, 1871; University of Pennsylvania Department of Medicine, Philadelphia, 1895; an Associate Fellow of the American Medical Association and member of its House of Delegates from 1914 to 1921, in 1934, 1935, 1938, and 1939; past president of the Luzerne County Medical Society and the Lehigh Valley Medical Association; fellow of the American College of Surgeons; affiliated with Wilkes-Barre General Hospital, where he founded the tumor clinic and was on the surgical staff; on the staffs of the Nesbitt Memorial Hospital in Kingston and the Mercy Hospital; for a term president of the Wilkes-Barre Kiwanis Club; died at his summer home in Pocono Lake Preserve Aug. 7, aged 81, of heart failure.

Gordon, Donald ✦ New York City; born in 1879; Columbia University College of Physicians and Surgeons, New York, 1906; formerly on the faculty of his alma mater; member of the American Association for the Surgery of Trauma; fellow of the American College of Surgeons; served in France during World War I; consulting surgeon at Flushing (N. Y.) Hospital and Dispensary and Tuxedo Memorial Hospital in Tuxedo Park; consulting surgeon, traumatic surgery, Beekman-Downtown Hospital; consulting surgeon at the Veterans Administration Regional Office, New York department of prosthetics since 1949; died in Buffalo (N. Y.) General Hospital Aug. 14, aged 73, of a head injury received when struck by an automobile, and terminal pneumonia.

Dudgeon, Howard Rush ✦ Waco, Texas; born in Chamois, Mo., Nov. 21, 1873; University of Texas School of Medicine, Galveston, 1899; member of the House of Delegates of the American Medical Association from 1939 to 1941, in 1943, 1945, and 1949; past president of the Texas State Medical Association; a charter member and founder of the Texas Surgical Society; past president of the McLennan County and Galveston County Medical societies and of the Central Texas Medical Society; at one time on the faculty of his alma mater; for many years member and chairman of the city school board; served during World War I; affiliated with Providence and Hillcrest Memorial hospitals; died July 31, aged 79, of coronary occlusion.

Strickler, Cyrus Warren Sr. ✦ Atlanta, Ga.; Atlanta Medical College, 1897; professor emeritus of clinical medicine at his alma mater, now known as the Emory University School of Medicine; specialist certified by the American Board of Internal Medicine; member of the Endocrine Society; fellow of the American College of Physicians; served during World War I; affiliated with St. Joseph's Infirmary, Crawford W. Long Memorial Hospital, Piedmont Hospital, Grady Memorial Hospital, and the Emory University Hospital, where he died July 23, aged 79, of pulmonary emphysema and uremia.

Baily, Howard Houghton ✦ Colonel, U. S. Army, San Antonio, Texas; University of Virginia Department of Medicine, Charlottesville, 1897; fellow of the American College of Surgeons; member of the Association of Military Surgeons of the United States; veteran of the Spanish-American War and World War I; entered the medical corps of the U. S. Army in 1904; rose through the various ranks to that of colonel in July, 1930; retired March 31, 1932, at his own request; died in Brooke Army Hospital, Fort Sam Houston, July 23, aged 79, of bilateral bronchopneumonia and arteriosclerosis.

Buckley, Charles Frederick, Edgewater, N. J.; Columbia University College of Physicians and Surgeons, New York, 1898; since 1914 police surgeon, fire department surgeon, and medical inspector of the schools of Edgewater; plant physician for the Aluminum Corporation of America, Corn Products Refining Company, Public Service Coordinated Transport, the Electric Ferries, Valvoline Oil Company, Cooper Dye Works, and various other industries in and around Edgewater; for many years on the staff of the Methodist Episcopal Hospital in Brooklyn; died Aug. 7, aged 80.

Harvey, Clifford Dawes ✦ Brookline, Mass.; Hahnemann Medical College and Hospital of Philadelphia, 1910; formerly associate professor of surgery at Boston University School of Medicine; member of the founders group of the American Board of Surgery; fellow of the American College of Surgeons; affiliated with Massachusetts Memorial Hospitals in Boston, Leonard Morse Hospital in Natick, Westboro (Mass.) State Hospital, Morrison Hospital, Whitefield, N. H., and Huggins Hospital in Wolfeboro, N. H.; died in Boston April 22, aged 73.

Albrecht, Mordecai, New York City; Deutsche Universität Medizinische Fakultät, Prague, Czechoslovakia, 1934; for many years practiced in Charleston, W. Va.; died in Roosevelt Hospital April 19, aged 55, of acute myocardial infarction.

Behrens, Alvin ✦ Brooklyn; Columbia University College of Physicians and Surgeons, New York, 1929; member of the American Academy of Ophthalmology and Otolaryngology;

✦ Indicates Member of the American Medical Association.

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specialist certified by the American Board of Ophthalmology; affiliated with Brooklyn Eye and Ear Hospital; died Aug. 3, aged 48, of multiple myeloma.

Blackwood, James Magee ✦ New Castle, Pa.; Jefferson Medical College of Philadelphia, 1902; specialist certified by the American Board of Ophthalmology; fellow of the American College of Surgeons; served during World War I; affiliated with Jameson Memorial Hospital and the New Castle Hospital; died June 25, aged 76, of carcinoma of the liver.

Broadwin, Isra Tobias ✦ New York City; University and Bellevue Hospital Medical College, New York, 1917; member of the American Psychoanalytic Association, American Psychiatric Association, and the American Orthopsychiatric Association; served as psychiatrist in chief of the Jewish Board of Guardians; affiliated with Montefiore, Bellevue, Mount Sinai, Hillside, and Lebanon hospitals; died in London, England, Aug. 5, aged 60, while attending the International Psycho-Analytical Congress.

Cogswell, George Proctor ✦ Cambridge, Mass.; Harvard Medical School, Boston, 1893; on the staff of the Mount Auburn Hospital; died July 14, aged 86, of coronary thrombosis.

Coy, Warren Deweese ✦ Youngstown, Ohio; Eclectic Medical College, Cincinnati, 1897; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1901; fellow of the American College of Surgeons; past president of the Mahoning County Medical Society; died in the Northside Unit of the Youngstown Hospital July 16, aged 81, of cerebral hemorrhage.

Deicher, Henry F. ✦ Plymouth, Wis.; Wisconsin College of Physicians and Surgeons, Milwaukee, 1903; died June 5, aged 80, of carcinoma of the liver.

Dixon, Winfield Scott ✦ Metropolis, Ill.; Kentucky School of Medicine, Louisville, 1893; died May 23, aged 83.

Dwyer, Patrick James ✦ Waterbury, Conn.; New York University Medical College, New York, 1897; formerly police and fire surgeon; on the honorary staff of St. Mary's Hospital, where he was on the staff for many years and where he died July 19, aged 80, of hypertrophy of the prostate and arteriosclerotic heart disease.

Edler, Robert Karl, Baltimore, Ohio; Ohio State University College of Medicine, Columbus, 1932; member of the American Society of Anesthesiologists; affiliated with Grant Hospital in Columbus and Lancaster-Fairfield Hospital in Lancaster; died in Peoria, Ill., June 1, aged 55, of cirrhosis of the liver and mitral insufficiency.

Elmer, Matthew K., Bridgeton, N. J.; University of Pennsylvania Department of Medicine, Philadelphia, 1885; on the staff of the Bridgeton Hospital; formerly city physician; died Aug. 11, aged 93.

Fortney, Frank Dennis, Beckley, W. Va.; Baltimore Medical College, 1904; on the staff of the Pinecrest Sanitarium; died July 30, aged 80, of cerebral hemorrhage.

Franklin, William Essex, Pleasantville, N. J.; Cleveland Homeopathic Medical College, 1909; for many years practiced in Pittsburgh; died July 13, aged 70, of cardiorenal vascular disease.

Gallagher, Patrick Joseph ✦ Seattle; University of Minnesota College of Medicine and Surgery, Minneapolis, 1904; medical director of the New World Life Insurance Company; while practicing in Spokane served as president of the Spokane County Medical Society; died in Providence Hospital July 12, aged 73, of carcinoma of the stomach.

Gibb, Alice Stearns ✦ Elizabeth, N. J.; Cornell University Medical College, New York, 1924; affiliated with Elizabeth General Hospital; died in New York Hospital Aug. 2, aged 56, of carcinomatosis.

Goodrich, William Ray ✦ Bluford, Ill.; College of Medicine and Surgery, Chicago, 1906; for many years surgeon for the Illinois Central Railroad; affiliated with the Jefferson Memorial Hospital in Mount Vernon, where he died July 15, aged 73, of coronary occlusion.

Griffin, Richard W. ✦ Tiptonville, Tenn.; Medical Department of Tulane University of Louisiana, New Orleans, 1894; died in the Baptist Hospital, Memphis, July 23, aged 81, of cerebral thrombosis.

Hall, Lynn Thompson ✦ Omaha; Drake University College of Medicine, Des Moines, 1911; professor of clinical medicine at University of Nebraska College of Medicine; specialist certified by the American Board of Internal Medicine; fellow of the American College of Physicians; member of the attending staff, University of Nebraska, Nebraska Methodist, Bishop Clarkson Memorial, and Lutheran hospitals; died July 10, aged 66, of cerebral hemorrhage.

Hanson, Albert N. ✦ Santa Monica, Calif.; College of Physicians and Surgeons, Baltimore, 1908; member of the Utah State Medical Association; for many years practiced in Salt Lake City; died July 18, aged 82, of angina pectoris and diabetes mellitus.

Hess, H. Lewis ✦ Kansas City, Mo.; University Medical College of Kansas City, Mo., 1909; member of the Clinical Orthopaedic Society and the American Academy of Orthopaedic Surgeons; affiliated with St. Joseph's and Kansas City General hospitals; died July 29, aged 71, of cerebral thrombosis.

Horn, Isaah Buford, Washington, D. C.; Howard University College of Medicine, Washington, 1926; died July 22, aged 54.

Hunte, August Frederick ✦ Alhambra, Calif.; Rush Medical College, Chicago, 1899; member of the Minnesota State Medical Association; formerly associated with the Indian Service; died in Garfield Hospital, Monterey Park, July 5, aged 82, of chronic myocarditis and hypertension.

Johnson, Karl Osborn ✦ Bakersfield, Calif.; College of Medical Evangelists, Loma Linda and Los Angeles, 1942; member of the American Academy of General Practice; died in the Bakersfield Hospital Aug. 3, aged 41, of carcinoma of the testicle.

Johnson, Lee T., Dallas, Texas; University of Louisville (Ky.) Medical Department, 1905; died July 6, aged 70.

Joseph, Walter Max, Cleveland; Friedrich-Wilhelms-Universität Medizinische Fakultät, Berlin, Prussia, 1921; died June 26, aged 56, of glioma.

Keeler, Harold Raudenbush ✦ Philadelphia; University of Pennsylvania School of Medicine, Philadelphia, 1921; certified by the National Board of Medical Examiners; specialist certified by the American Board of Surgery; fellow of the American College of Physicians; affiliated with Methodist Episcopal Hospital, where he died Aug. 19, aged 59, of carcinoma of the pancreas.

Kelley, John Thomas Jr. ✦ Washington, D. C.; Columbian University Medical Department, Washington, D. C., 1890; an Associate Fellow of the American Medical Association; professor of gynecology emeritus at Georgetown University School of Medicine; fellow of the American College of Surgeons; on the staff of the Providence Hospital; died July 30, aged 89, of cerebral thrombosis and arteriosclerosis.

Kellum, Monford Romain ✦ Cleveland; University of Wooster Medical Department, Cleveland, 1901; on the staff of Lutheran Hospital; died July 20, aged 75, of coronary embolism.

Loeser, Wilhelm, Oklahoma City, Okla.; Northwestern University Medical School, Chicago, 1905; died July 10, aged 76, of hypostatic pneumonia.

Longmire, Victor Melton ✦ Temple, Texas; University of Louisville (Ky.) Medical Department, 1914; specialist certified by the American Board of Internal Medicine; fellow of the American College of Physicians; served during World War I; on the staff of the Scott and White Memorial Hospitals; died July 27, aged 63, of myocardial infarction and arteriosclerosis.

Lucas, Wilbur Wayne ✦ Tiffin, Ohio; Starling Medical College, Columbus, 1904; member of the American Academy of General Practice; affiliated with Mercy Hospital; died July 18, aged 72, of coronary thrombosis.

McCormick, Roscoe Conklin, Colorado Springs, Colo.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1908; affiliated with Union Printers Home and Tuberculosis Sanatorium; died in Memorial Hospital June 30, aged 75, of myocardial infarction and coronary occlusion.

Macklin, Walter Fullarton ✙ Lieut. Col., U. S. Army, retired, Tampa, Fla.; Columbia University College of Physicians and Surgeons, New York, 1898; fellow of the American College of Surgeons; served during World War I; entered the medical corps of the U. S. Army on July 1, 1920; promoted to lieutenant colonel in 1937 and retired April 30, 1939; at one time on the staff of Flushing (N. Y.) Hospital; died recently, aged 78, of cirrhosis of the liver.

Madara, Joseph Edward ✙ St. Marys, Pa.; Medico-Chirurgical College of Philadelphia, 1911; during World War I commissioned a captain in the U. S. Army and was sent to Camp Las Casas, Puerto Rico, as camp sanitary inspector; died July 25, aged 71, of coronary thrombosis.

Merideth, Clyde O. Jr. ✙ Emporia, Kan.; University of Kansas School of Medicine, Kansas City, 1931; president of the Lyon County Medical Society; member of the Central Association of Obstetricians and Gynecologists; fellow of the American College of Surgeons; on the staff of the Newman Memorial County Hospital and St. Mary's Hospital; died July 26, aged 47, of carcinoma of the lung with metastasis.

Minahan, Patrick Robert ✙ Green Bay, Wis.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1898; served as president of the State Medical Society of Wisconsin, Brown-Kewaunee Door Counties Medical Society, and Brown County Historical Society; captain in the medical corps of the U. S. Army during World War I; affiliated with Bellin Memorial, St. Mary's, and St. Vincent's hospitals; died July 20, aged 78, of arteriosclerosis and myocarditis.

Nathanson, Millicent E. Falck, San Francisco; University of California Medical School, San Francisco, 1893; died July 15, aged 81, of metastatic carcinoma.

Neville, William, McComb, Miss.; Medical Department of Tulane University of Louisiana, New Orleans, 1901; president of the First National Bank and of the McColgan Building and Loan Association; died July 27, aged 74, of Hodgkin's disease and carcinoma of the colon.

Nichols, Harry ✙ Chicago; University of Illinois College of Medicine, Chicago, 1913; affiliated with Garfield Park Community Hospital, where he died Aug. 8, aged 71, of cardiac decompensation and diabetes mellitus.

Payne, John Edward ✙ Arlington, Va.; University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1922; staff member of the Arlington Hospital, where he died July 25, aged 55, of cerebral hemorrhage.

Pond, Erasmus Arlington ✙ Brooklyn; University of Vermont College of Medicine, Burlington, 1889; Bellevue Hospital Medical College, New York, 1890; died in St. John's Hospital July 8, aged 84, of cerebral embolus.

Poole, Albinus ✙ West Union, W. Va.; University of Maryland School of Medicine, Baltimore, 1900; served as president and secretary of the Doddridge County Medical Society; affiliated with St. Mary's Hospital, Clarksburg, and St. Joseph's Hospital, Parkersburg, where he died July 21, aged 84, of acute leukemia.

Pritchard, William Clarence, Philadelphia; Jefferson Medical College of Philadelphia, 1906; formerly professor of histology and anatomical embryology at Temple University School of Medicine and on the faculty of his alma mater; served on the staff of Temple University Hospital; died Aug. 3, aged 71, of coronary occlusion.

Purdy, Frederick Parsons, Mukwonago, Wis.; Baylor University College of Medicine, Dallas, Texas, 1917; served during World War I; on the staff of the Waukesha Memorial Hospital; died in Veterans Administration Hospital in Wood July 27, aged 61, of cardiac insufficiency.

Roberts, Samuel Tize ✙ De Ridder, La.; University of the South Medical Department, Sewanee, Tenn., 1901; coroner of Beauregard parish; on the staff of the Beauregard Memorial Baptist Hospital; died July 14, aged 73, of cancer.

Schwatka, Charles Taylor ✙ Crisfield, Md.; Baltimore University School of Medicine, 1904; died July 10, aged 69, of coronary disease and nephritis.

Seale, Ira Bolton ✙ Holly Springs, Miss.; Memphis (Tenn.) Hospital Medical College, 1910; past president of the North Mississippi Medical Society; served on the state board of health; on the staff of the North Mississippi Hospital; for many years trustee of the Baptist Memorial Hospital in Memphis, Tenn., and the Blue Mountain (Miss.) College; died in the Mississippi Baptist Hospital, Jackson, Aug. 19, aged 73, of cerebral hemorrhage.

Shumaker, Howard Keller ✙ Bellevue, Ohio; Starling Medical College, Columbus, 1894; for many years member and president of the board of education; chairman of the board of health of Bellevue; at one time a medical missionary in China; president and a member of the board of directors of the Union Bank; on the staff of Bellevue Hospital; died July 27, aged 81, of coronary thrombosis.

Smith, Bernard Fletcher, San Antonio, Texas; University of Texas School of Medicine, Galveston, 1906; served overseas during World War I; died in the Nix Memorial Hospital July 7, aged 71, of intestinal obstruction, tuberculosis, peritonitis, and gastric ulcer.

Sparks, Thomas Plewman Sr. ✙ New Iberia, La.; Tulane University of Louisiana School of Medicine, New Orleans, 1920; served during World War II; died July 11, aged 56.

Stahlman, Frederick C. ✙ Indiana, Pa.; Western University of Pennsylvania Medical College, Pittsburgh, 1896; specialist certified by the American Board of Ophthalmology and the American Board of Otolaryngology; for many years a member and past president of the local school board; affiliated with Charleroi-Monessen Hospital in Charleroi, where he died July 15, aged 84, of a heart attack.

Tiernon, Luke Bart ✙ St. Louis; St. Louis College of Physicians and Surgeons, 1909; formerly county coroner; member of the Industrial Medical Association; died July 27, aged 70, of cancer.

Watson, James Alexander ✙ Springville, Ala.; Birmingham Medical College, 1903; past president of the St. Clair County Medical Society; died July 16, aged 78, of pneumonia.

White, Milo Ritter ✙ Detroit; Johns Hopkins University School of Medicine, Baltimore, 1925; certified by the National Board of Medical Examiners; specialist certified by the American Board of Obstetrics and Gynecology; member of the Central Association of Obstetricians and Gynecologists; fellow of the American College of Surgeons; affiliated with the Henry Ford Hospital, where he died July 29, aged 58, of cerebral vascular accident.

Williams, Benjamin Gregory ✙ Oskaloosa, Iowa; Barnes Medical College, St. Louis, 1902; died in St. Joseph's Hospital, Brainerd, Minn., Aug. 2, aged 78, of multiple cerebral thrombosis due to arteriosclerosis.

Winters, William Thomas, Chicago; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1902; served on the staff of the Garfield Park Community Hospital; died July 26, aged 86, of heart disease.

Woolling, Richard H. ✙ Pulaski, Va.; University College of Medicine, Richmond, 1896; company doctor for the Virginia Iron, Coal and Coke Company; assistant surgeon for the Norfolk and Western Railway Company; a director of the Pulaski National Bank for many years; from 1926 to 1948 on the staff of the Pulaski Hospital, where he died June 17, aged 81, of lymphatic leukemia.

Yocum, Boaz ✙ Coal City, Ind.; Louisville (Ky.) Medical College, 1893; for many years county health officer; died in Union Hospital, Terre Haute, July 17, aged 85, of prostatitis.

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FOREIGN LETTERS

DENMARK

Measures Against Poliomyelitis.—Recent legislation in Denmark reflects the growing recognition of the responsibility of the community for the victims of poliomyelitis. In the past when they have needed prolonged treatment and re-education of paralyzed limbs, there have been means by which the expenses incurred could be shifted from the individual person to the community. But these means have hitherto been somewhat cumbersome and roundabout, with the result that applicants for financial support have often had to wait a long time for their cases to be acted on. Now, on the recommendation of the physician in charge of the treatment of such patients, the paralyzed patient can receive economic support for two years, in very special cases up to four years, while he is undergoing physical reeducation. He must, however, faithfully follow the instructions given him by his physicians if he is to qualify for such economic support.

At a recent meeting of the Danish Pediatric Society, Dr. F. Neukirch showed how much can be done by highly specialized treatment in reducing the mortality from poliomyelitis. His material consisted of 2,900 cases, including about 1,000 paralytic patients treated at the Blegdam Hospital between July 7, 1952, and Feb. 8, 1953. There were 341 patients whose respiration or deglutition or both were interfered with so much that special treatment was required. Among the first 31 patients in this class, treated along hitherto conventional lines, as many as 27 died. This appalling mortality led to more radical treatment, started on Aug. 26, 1952, and hinged on cooperation between anesthesiologists and epidemiologists. The treatment consisted of early tracheotomy and the introduction into the trachea of a rubber tube fitted with an inflatable cuff, so devised that it fitted tightly to the wall of the trachea. The so-called to-and-fro system of manual ventilation was accomplished with the help of a rubber bag; the mixture of gas was usually oxygen and nitrogen in equal proportions. The respiratory tract was kept free from secretions by frequent aspiration with a catheter introduced into the tracheal tube. The mortality among the 310 patients treated in this way till Feb. 5, 1953, was reduced from 54% to 38% for the first 50 patients thus treated and to only 22% for the last 50 patients. This achievement went far to prove how much can be effected when great care is taken by the team of physicians and nurses engaged in such highly technical treatment.

Cures for Seasick Seamen.—For a seafaring people like the Danes, the motion sickness, which some men continue to experience in spite of years of seafaring, is a serious problem. It may be supposed that the advances made in the treatment of seasickness during World War II could successfully be used in chronic cases, but this is disproved by a recent systematic investigation by three Danish physicians, Harald Anthonisen, Erik Jacobsen, and Fritz Reymann. In conjunction with the Danish Seamen's Hygiene Committee, a firm of manufacturing chemists, seamen's organizations, and their respective publications, the physicians have circulated a questionnaire to seasick seamen. Their definition of a seasick seaman is a person who, after having been to sea for at least a year, still suffers from seasickness. Altogether 128 seamen and 6 women employed at sea undertook to answer the questionnaires and to participate in a scheme for testing various drugs with antihistamine properties. These drugs included diphenhydramine hydrochloride and dimenhydrinate (Dramamine, Neptusan, etc.).

The recipients of the tablets in question were not told the particular brand to which each consignment of tablets belonged, and when they applied for a new consignment, they were given a different brand and asked to state which of the two proved most effective. A statistical analysis of the information thus obtained failed to show any significant difference between the various brands with regard to their general effect, the time at which they proved effective, the dosage, the duration of their action, and the frequency of side-effects. The side-effect most likely to be troublesome was drowsiness, which, however harmless and even pleasant it may be for a passenger, is much more serious for a seaman when he is on duty. But it was noted that such drowsiness lasted, as a rule, only a short time and was seldom pronounced. In about 52% of all the patients, every sensation of seasickness disappeared, and, in about 27%, appreciable mitigation of symptoms was achieved. There remained 11% for whom some improvement could be claimed and another 11% for whom there was no benefit whatever. No significant difference in the effects of this treatment was demonstrable in connection with the age of these patients, who had been to sea from 1 to 25 years, nor was any new light thrown on the influence, if any, of a familial predisposition to seasickness.

The items in these letters are contributed by regular correspondents in the various foreign countries.

LONDON

Eye Sanatorium.—The first sanatorium devoted to the treatment of ocular tuberculosis in Great Britain was opened in June, 1951. It is situated in Kent, organized by one of the London Regional Hospital Boards, staffed by members of the world-famous Moorfields group of ophthalmic hospitals, and available for the treatment of cases of ocular tuberculosis from all parts of the United Kingdom. Results of the first year operation of the sanatorium have just been reported by D. P. Choyce and A. G. Cross (*Brit. J. Ophth.* **37:**406, 1953). During the year 47 patients were treated and discharged, including 22 with proved or doubtful tuberculosis, 11 with proved or doubtful sarcoidosis, and 14 with nonspecific inflammation.

The general plan of treatment was that patients spent the first two weeks after admission resting in bed. Thereafter they got up for increasing periods until they were up all day except for a rest of one hour after meals. Streptomycin and *p*-aminosalicylic acid were given "where there was evidence to suggest the presence of Mycobacterium tuberculosis, tuberculin where the skin sensitivity was high and the ocular lesions had an appearance suggesting that it was due to hypersensitivity," and cortisone "in acute inflammatory lesions which appeared to be threatening corneal or lens transparency." The average length of stay was four months (range, two months to over a year). All but two patients gained weight, the average increase being 7 lb. (3.2 kg.).

The results of treatment, though the number of cases is too small to be of statistical value, are taken to "suggest that cases of tuberculosis respond well to treatment at the sanatorium, while cases of possible tuberculosis, sarcoidosis and possible sarcoidosis, and nonspecific cases, appear, generally, to improve at the sanatorium, but not in such a marked manner as the definite tuberculosis cases . . . In order to carry out its functions adequately, patients should be admitted to the Eye Sanatorium immediately upon the request of the surgeon in charge of the case. . . ."

The Teaching of General Practice.—The British Medical Students' Association has just published "A Survey of the General Practitioner Schemes in Operation in British Medical Schools." Of the 21 medical schools included in the survey, 9 provide training in general practice that is either officially recognized or organized. These schemes are divided into four categories: (1) health center schemes in centers operated by university authorities for teaching purposes; (2) residential schemes, in which the students spend some time living with the general practitioner, attending his surgery and accompanying him on his rounds; and (3) attachment schemes, in which the student works with a general practitioner only in the mornings for a

given period of time, usually two weeks, including in some cases evening surgery by arrangement with the general practitioner; and (4) day visit schemes, in which the student spends a day with a general practitioner.

Typical of the "attachment" scheme is that in force at University College Hospital, one of the first London teaching hospitals to adopt such a scheme. Thirteen general practitioners near London take students into their practices, usually for a week. The scheme is entirely voluntary, and is followed in the student's final year. The individual student chooses his practitioner and, in consultation with the medical school authorities, arranges to spend a week with him. As a rule the student lives with the practitioner or in a nearby boarding house. It is estimated that 60% of those eligible participate in the scheme.

Most elaborate of all is the scheme now in force in the University of Edinburgh. Attendance at a public dispensary for the indigent has been compulsory in the Edinburgh medical curriculum for over a century. Officially, it ceased to be compulsory when the National Health Service was introduced in 1948. It was retained, however, on a voluntary and modified basis. In 1952, the university decided to redevelop the scheme and make it compulsory as facilities permitted participation of every student. For the development of the scheme the university last year received a generous grant of £25,000 from the Rockefeller Foundation. In October, 1952, a general practice teaching unit was created as a separate entity of the faculty of medicine. This unit consists of two general practices, with approximately 2,000 patients in each. Each practice is staffed by two physicians, one nurse, one almoner, and one secretary. In addition, there is a director of the unit and a trainee who is a recently qualified graduate appointed for one year. Twelve to 15 students are taken into each practice for an academic term of 10 weeks. Each student spends two afternoons a week attending the practice, but the actual amount of visiting that a student may undertake in addition is left for him to decide. One of the weekly sessions consists of a consulting session, when he is the only person present when the physician sees the patients who attend without an appointment. The student responsible for a patient or for a family visits them in their home, and at the end of his term he is expected to present a written case history, covering social as well as medical details, for discussion by the group.

Private Patients' Prescriptions.—As *Practitioner* (**171**:2 [July] 1953) points out, "One of the anomalies of the National Health Service for which no justification can be found is that whereby a taxpayer who wishes to obtain his general practice services privately must pay for any drugs or appliances prescribed for him, even though he does not lose his right to obtain his specialist services through the N. H. S." The further comment is made that "Why a patient should be compelled to pay for his medicines simply because he decides to pay his doctor for his professional advice is completely incomprehensible to the ordinary mind—except on political grounds. To deprive a patient of this assistance from the Service is as unjust as it would be to compel every citizen to make full use of the Service." This is a widely held view, and at the recent annual representative meeting of the British Medical Association at Cardiff a motion was passed asking for further reports on the matter to be made to the ministry. Repeated appeals have been made to the ministry but hitherto without any success. It was suggested at Cardiff, however, that there were some grounds for hoping that the ministry might now be prepared to give way on this point.

The Specter of Nationalization.—The following verbatim excerpt from the official report of the annual representative meeting of the British Medical Association at Cardiff in July speaks for itself: "Dr. . . . moved: That this meeting, representative of all branches of the profession, expresses its strong opposition to full-time salaried service, and reaffirms the resolution passed in May, 1946: The medical profession is, in the public interest, opposed to any form of service which leads directly or indirectly to the profession as whole becoming full-time salaried servants of the State or local authorities."

The motion was carried unanimously, only one member failing to vote.

MEXICO

Study of 195 Children with Meningitis.—At the Hospital Infantil (Children's Hospital, Mexico, D. F.), during the period between January, 1951, and February, 1953, every patient with meningoencephalitic manifestations was carefully studied, and cultures of the spinal fluid were carried out. The total series comprised 621 cases. Most of the patients were less than one year old. The results of this investigation, which was undertaken by Drs. Olarte and Reyes, were published in the *Boletin del Hospital Infantil* (**10**:118, 1953). According to the authors a positive culture developed in 31% of the cases. This permitted classification of the meningitis as follows:

Tuberculous Meningitis.—This was the most frequent type (54.5%) in the group studied. It is not known whether this figure represents a true epidemiological incidence in this part of the country or whether the chronic course of the disease accounts for the greater number of cases seen at the hospital.

Purulent Meningitis.—The bacteria that predominated in this type of meningitis were, in order of frequency: Diplococcus pneumoniae (16.5%). Hemophilus influenzae (9.5%), and Salmonella types (3.0%). The relatively frequent finding of Salmonella meningitis can probably be explained by the high incidence of salmonellosis in Mexico.

Only two cases of Neisseria meningitidis were found. The mortality rate and morbidity of meningococcus meningitis in Mexico City are very low; no epidemic has occurred during recent years.

The remaining 14% of the cases were caused by the following organisms: three by Staphylococcus aureus, two by N. meningitidis, two by Pseudomonas aerurginosa, two by paracolon bacillus, two by Alcaligenes faecalis, two by Proteus mirabilis, two by Staph. albus, one by N. flava, one by Streptococcus pyogenes, one by Str. viridans, one by Escherichia coli, and one by diphteroides. In eight spinal fluids micro-organisms were isolated that could not be completely identified. In four cases, two types of organisms were found simultaneously, and in one case of tuberculous meningitis three different bacteria were isolated.

Effect of DDS on Nocardia Brasiliensis.—The results of the use of DDS (p,p'-sulfonyldianiline) as an active drug against several bacterial diseases, particularly lepromatous leprosy have been reported. The results include the use of DDS on Nocardia brasiliensis. The report refers to studies in vitro, to experimental infection in mice, and to eight cases of actinomycotic mycetoma caused by Nocardia.

Studies in vitro showed that DDS totally inhibited N. brasiliensis at a titer of 1:10,000 and partially inhibited growth at a titer of 1:50,000. Other nocardias studied (N. asteroides, N. madurae, and N. pelletieri), were not sensitive to DDS. The studies on experimental infection in mice with N. brasiliensis, inoculated intraperitoneally, showed only a slight effect of the drug. Infections graded from 1+ to 2+ were observed in the treated animals, as against infections classed as 4+ seen in the controls. The best results were seen in the animals receiving the smaller dose of the inoculum and longer therapy with the drug. No noticeable difference was seen with the different doses used: 100, 200, and 300 mg. per kilogram.

The results of the clinical studies, however, were very encouraging. The clinical course of the eight patients with actinomycotic mycetoma of N. brasiliensis origin averaged four years. In two, the lesions were localized in the soft tissues; in four, the lesions invaded bones and joints; and in two, thoracic and pulmonary invasion were found. Seven of the eight patients were cured after an average of two years of treatment with DDS, given in a dose of 100 mg. two times a day. In one patient with thoracopulmonary lesions, the drug did not have any effect. This patient had previously received sulfoxone (Diasone) sodium irregularly and in insufficient doses. It is concluded that to date DDS is the drug of choice for the treatment of actinomycotic mycetoma of N. brasiliensis origin, that it should be given in doses of 200 mg. daily, and that treatment should be sustained for many months after clinical symptoms have disappeared. Reduction of treatment may cause resistance on the part of the micro-organism.

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BUREAU OF LEGAL MEDICINE AND LEGISLATION

MEDICOLEGAL ABSTRACTS

Hospitals in General: Criteria of Tax Exemption.—The plaintiff, Sutter Hospital of Sacramento, filed an action to recover real property taxes paid under protest for the fiscal year 1946-1947. The trial court found that the plaintiff did not meet certain conditions for exemption and, therefore, ruled in favor of the defendant. From this judgment the plaintiff hospital appealed to the Supreme Court of California.

In 1944, a constitutional amendment was adopted relating to the exemption of certain property used for hospital purposes. The relevant portions provide that the "Legislature may exempt from taxation all or any portion of property used exclusively for . . . hospital purposes and owned by . . . corporations organized and operated for . . . hospital . . . purposes, not conducted for profit and no part of the net earnings of which inures to the benefit of any private shareholder or individual." Unlike certain other provisions relating to tax exemptions, said the court, this amendment was not self-executing, and legislation was required in order to effect the exemption of any property. The amendment was purely permissive rather than mandatory in character, and it qualified section 1 of article XIII, which requires that all property be taxed according to its value "except as otherwise in this Constitution provided." In other words, the legislature could refrain from exempting any of the property referred to in the amendment, or it could exempt only such property as might meet the conditions specified in the amendment and such further conditions as the legislature might see fit to impose. The legislature followed the latter course, continued the Supreme Court, and enacted section 214 of the Revenue and Taxation Code, which imposes conditions in addition to those found in the constitutional amendment and provides that "Property used exclusively for . . . hospital . . . purposes owned and operated by . . . corporations organized and operated for . . . hospital . . . purposes is exempt from taxation if: (1) The owner is not organized or operated for profit; (2) No part of the net earnings of the owner inures to the benefit of any private shareholder or individual; (3) The property is not used or operated by the owner or by any other person for profit regardless of the purposes to which the profit is devoted; . . ."

The plaintiff was organized as a nonprofit corporation in 1935. It acquired the physical assets of its predecessor by giving in exchange its bonds. In 1945, plaintiff's physical assets for accounting purposes had a value of $764,895.39, and its then bonded indebtedness was some $292,000. For 1945, the surplus of income over current expenses, which included interest payments and depreciation on the buildings, machinery, and equipment, amounted to $86,609.24; for 1946, the surplus was $106,603.12. Reduced to percentages, the surplus for each year was slightly in excess of 8% of gross income. The surplus was mingled with other cash on hand and was used for debt retirement and for expansion, such as, for instance, the building and equipping of an x-ray room in 1947 at a cost of $60,000.

It is conceded that the plaintiff operated its hospital properties with the intent of producing, if possible, a surplus of income over expenses so as to permit the periodic retirement of a portion of its bonded indebtedness and to permit the expansion of its facilities. It is further conceded that it had succeeded and was succeeding in accomplishing this purpose. The defendant argues, therefore, that by reason of the plaintiff's profit-making intent and purpose, the allowance of the claimed exemption would run counter to the statutory condition that such property be "not used or operated by the owner . . . for profit regardless of the purposes to which the profit is devoted."

In relation to tax laws, the phrase "conducted for profit," which appears to be the equivalent of "operated for profit," has presented some difficulty but has been generally held to convey the meaning of operated or conducted for the purpose of making a profit. Accordingly, the test indicated by such phrases, as so construed, is not necessarily whether there is or may be a profit, but whether the claimant is operated or conducted for the purpose of making a profit; that is, whether the charges are fixed with the intention of yielding a surplus over and above operating expenses.

It appears that, at the time section 214 of the Revenue and Taxation Code was enacted in 1945, the meaning of the word "profit," as used in tax exemption laws, had been construed in such manner that the nonprofit requirements were deemed to be satisfied so long as none of the "net earnings" accrued "directly or indirectly to the stockholders or members of the association" or so long as no part of the "net income inures to the benefit of any private person." In other words, the Supreme Court continued, the profit concept had been defined in terms relating solely to the purpose for which "net income" or "net earnings" might be used and only the use thereof for the purpose of benefiting a private person was prohibited. In the light of these prior definitions, judicial and legislative, we turn now to a consideration of the terms employed in the first three subdivisions of section 214 of the Revenue and Taxation Code. These subdivisions contain separately stated but interrelated conditions. Property used exclusively for hospital purposes is thereby declared exempt only "if: (1) The *owner is not organized or operated for profit;* (2) No part of the *net earnings* of the owner inures to the benefit of any private shareholder or individual; (3) The property is *not used or operated* by the owner or by any other person *for profit regardless of the purposes to which the profit is devoted*; . . ." If subdivision 3 had been omitted, it might well be argued that the legislature intended that the nonprofit conditions of subdivision 1 would be satisfied so long as none of the "net earnings" inured to the benefit of any private person. But subdivision 3 cannot be declared to have been inserted without reason, and it seems clear that it was intended thereby to broaden the profit concept so as to deny exemption whenever the property is operated for the purpose of profit "regardless of the purposes to which the profit is devoted." Thus, said the court, it appears that the legislature adopted a different concept of "profit" for the purposes of section 214 by providing that the nonprofit requirements could not be satisfied merely by devoting the net earnings to exempt (hospital) purposes. In any event, the most that can be said is that there is grave doubt as to whether the legislature intended that the property used as is plaintiff's property, by an owner operating for the admitted purpose of producing net earnings, was intended to be accorded the exemption.

Whether the accrual of "net earnings" will defeat the right to the exemption depends on the particular facts involved. Here the determinative factor is the operation of plaintiff's property for the admitted purpose of producing a profit in the sense that the operation was one deliberately designed to produce income in excess of all operating costs. The fact that plaintiff has succeeded in producing net earnings is not accidental or allocable to a fortuitous error in judgment in determining the charges made for its services. On the contrary, plaintiff functioned on a sound financial basis in a manner akin to any modern commercial enterprise intent on producing a profit from its operations. The plaintiff argued that the above indicated construction of the welfare exemption, denying exemption because of the adoption of sound financial practices, will make it difficult, if not impossible, for modern hospitals to plan for expansion and the improvement of facilities for the better service of the public without losing the benefit of the exemption. This argument may merit serious consideration, but it should be addressed to the legislature rather than to the courts. This court's function begins and ends with construing the statute as enacted. The present form of the statute compels the conclusion that plaintiff's claim for exemption must be denied because of its failure to meet the condition that its property be "not used or operated . . . for profit regardless of the purposes to which the profit is devoted."

Accordingly the judgment of the trial court in favor of the defendant and against the hospital was affirmed. *Sutter Hospital of Sacramento v. City of Sacramento, 244 P. (2d) 390 (California 1952).*

MEDICAL LITERATURE ABSTRACTS

UNITED STATES

A.M.A. Am. J. Diseases Children, Chicago

85:633-758 (June) 1953

*Function Recovery Pattern in Acute Renal Failure Following Ingestion of Mercuric Chloride. S. A. Kaplan and S. J. Fomon.—p. 633.
*Use of Sulfonamides and Penicillin to Prevent Recurrence of Rheumatic Fever: 12 Year Study. E. Roberts.—p. 643.
Erythema Nodosum. L. I. Booth.—p. 648.
*Hemolytic Disease of Newborn Due to ABO Incompatibility. H. G. Dunn.—p. 655.
Experiences in 289 Cases of Infantile Diarrhea in Nutritionally Deficient Group of Infants. A. Friedman.—p. 675.
Clinical Study of Skin Rashes During Newborn Period. C. C. Fischer. —p. 688.
Bile Peritonitis in Infancy. J. J. Byrne and G. T. Bottomley.—p. 694.
Hemophilic Condition in Girl. A. J. Quick and C. V. Hussey.—p. 698.

Pattern of Functional Recovery in Acute Renal Failure.—Study of a child in whom a so-called ischemuric episode, or episode of renal ischemia resulting in ischuria, developed after the ingestion of mercuric chloride showed that the return of renal function, which was fairly complete, followed a distinct pattern. Function was recovered first in the glomeruli, then in the proximal portions of the nephron, and finally in the distal segments. The close correlation between this sequence of events and the structural path of healing suggested by a knowledge of the changes produced in the nephrons during acute renal failure indicates that recovery from renal failure due to other causes may follow the pattern observed in this case. Fluid replacement therapy during the initial stages of diuresis should be guided by a knowledge of the composition of the fluid being lost. This fluid may be identical with an ultrafiltrate of plasma (virtually extracellular fluid); it should, therefore, be replaced with isotonic sodium chloride solution or solutions similar in composition to extracellular fluid, such as Ringer's solution. The kidneys possess little or no ability to excrete or retain solutes selectively and this makes it advisable to give the replacement fluid intravenously, thus avoiding modification of the solution by the bowel wall. The difficulties of replacement therapy diminish as renal function returns; if the water and electrolytes given are adequate in quantity, the composition of the body fluids will be kept constant.

Prophylactic Use of Sulfonamides and Penicillin in Rheumatic Fever.—Rheumatic fever recurred in only two of a group of 467 hospitalized children receiving prophylactic treatment with sulfonamides for from three months to two years over a 10-year period. These figures may be compared with 9 recurrences in a group of 44 controls, or 38 recurrences in a group of 154 children observed in a two-year period prior to the institution of the sulfonamide regimen. Toxic reactions, especially frequent with sulfanilamide, necessitated the discontinuance of sulfonamide therapy in 34 other children. Investigation of recurrences in children discharged from the hospital with the expectation that they would be kept on the sulfonamide regimen under the care of their own physicians or a clinic showed that in each case recurrence was preceded by discontinuance of sulfonamides. Fifteen of the children with recurrences were readmitted to the hospital; they were found to have stopped taking the drug from three months to two years (average, seven months) earlier. The high incidence of untoward reactions to the sulfonamides led to their replacement with crystalline penicillin G given orally. Tolerance for this product was perfect and during the period from May, 1950, to July 1, 1952, there were no recurrences of rheumatic fever in any of the 102 patients receiving it. One patient, who was discharged from the hospital completely free of activity, was readmitted a little more than two months later with a fulminating recurrence; inquiry showed that his parents had failed to give him penicillin after the two weeks' supply given to them on his discharge was exhausted. These figures show that both the sulfonamides and penicillin, when given continuously, can prevent the recurrence of rheumatic activity; penicillin, however, has the great advantage of not causing toxic reactions.

Hemolytic Disease of the Newborn Due to ABO Incompatibility.—Hematological and serological investigations furnished strong evidence that ABO incompatibility was responsible for neonatal hemolytic disease in binovular twins, in one of whom kernicterus resulted in death, while the other made a full recovery. The mother was a healthy Rh-positive primigravida, aged 25, who had never received any transfusions or injections of blood or serum. She had twin cousins and twin uncles and was herself a twin. Tests showed that the only demonstrable antibody which could have played a part in the hemolytic disease of the infants was her anti-B; β-agglutinin was found in her serum in high titer, rising to a maximum of 32,000 on the 22nd day after delivery. Her marked isoimmunization was also indicated by the presence of immune anti-B agglutinins and hemolysins. Maternal ABO isoimmunization occurs in a considerable proportion of normal pregnancies without injury to the infant; before attributing erythroblastosis fetalis to anti-A or anti-B, other possible incompatibilities should be thoroughly excluded and some evidence of the presence, or preferably action, of harmful maternal antibodies in the infant should be obtained. Diagnosis in the case of these twins was made too late for any effective treatment to be undertaken; the less severely affected twin recovered without specific treatment. Initial asphyxia and greater immaturity may have contributed to the development of kernicterus in the twin who died. The possibility of ABO incompatibility should be kept in mind, especially when an Rh-positive mother has previously given birth to infants affected by erythroblastosis or icterus praecox and possibly also when there is a history of unexplained abortions.

Annals of Internal Medicine, Lancaster, Pa.

38:1115-1394 (June) 1953

Adrenal Hormone Therapy in Viral Hepatitis: I. Effect of ACTH in Acute Disease. A. S. Evans, H. Sprinz and R. S. Nelson.—p. 1115.
Id.: II. Effect of Cortisone in Acute Disease. A. S. Evans, H. Sprinz and R. S. Nelson.—p. 1134.
*Id.: III. Effect of ACTH and Cortisone in Severe and Fulminant Cases. A. S. Evans, H. Sprinz and R. S. Nelson.—p. 1148.
*Renal Disease with Salt Losing Syndrome: Report of Four Cases of So-Called "Salt Losing Nephritis." F. D. Murphy, A. L. Settimi and N. J. Kozokoff.—p. 1160.
Localized Interlobar Effusion in Congestive Heart Failure. W. Weiss, K. R. Boucot and W. I. Gefter.—p. 1177.
Ischemic Basis of "Peptic" Ulcer: I. Historical Definition of Present Status. E. D. Palmer and D. P. Buchanan.—p. 1187.
*Pulmonary Paragonimiasis: Review with Case Reports from Korea and Philippines. F. T. Roque, R. W. Ludwick and J. C. Bell.—p. 1206.
Triethylene Melamine in Treatment of Lymphomas and Other Neoplastic Diseases. O. W. Burtner, L. C. Jensen and J. M. Rumball.—p. 1222.
Clinical Experience with Sympathetic Blocking Agents in Peripheral Vascular Disease. M. Moser, A. G. Prandoni, J. A. Orbison and T. W. Mattingly.—p. 1245.
Effect of L. E. Cell Test on Clinical Picture of Systemic Lupus Erythematosus. E. L. Dubois.—p. 1265.

Corticotropin and Cortisone in Severe and Fulminant Viral Hepatitis.—This report is concerned with the results of corticotropin and cortisone therapy in 11 severe cases of viral hepatitis that had not responded to conservative measures; six patients

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Titles marked with an asterisk (*) are abstracted.

ultimately died. The six fatal cases represent all the deaths in some 1,500 cases of hepatitis admitted during the period of this investigation. Five of the 11 patients were moderately to severely ill and 6 had a fulminant course with coma. In the first group, hormone therapy resulted in a symptomatic control and a drop in serum bilirubin, but in three of these relapses occurred. One patient had multiple relapses. No significant benefits were seen from hormonal therapy in the second group, and all six patients died. This is the third of three papers dealing with the use of adrenal hormones in viral hepatitis. The effect of these hormones on the clinical course and manifestations of viral hepatitis has been at times as striking as the results reported in rheumatic fever and rheumatoid arthritis. Unlike these diseases, however, hepatitis is usually a benign and self-limited disease followed by immunity. The high relapse rate attending corticotropin and cortisone therapy in hepatitis may reflect interference in immunity mechanisms. For this reason the routine use of hormone therapy in viral hepatitis does not seem indicated.

Renal Disease with the Salt Losing Syndrome.—Murphy and his associates point out that the term "salt losing nephritis" was introduced by Thorn and associates, when they described renal failure that simulated cortical insufficiency. They found that, in addition to the hypochloremia and dehydration without edema, there was present a shock-like state simulating acute adrenal insufficiency. Their report of two cases was followed by others presenting a total of eight cases. Murphy and associates report four additional patients with renal disease who exhibited the salt losing syndrome. The first patient had chronic renal disease that developed insidiously and was diagnosed as chronic glomerulonephritis. There were dehydration, low blood pressure, polyuria with small quantities of albumin, a low specific gravity and no casts. Weakness, pain in the legs, mental confusion, and vascular collapse disappeared along with other features of hypochloremia following intravenous injections of salt solution and sodium lactate. In the second patient, a diagnosis of extrarenal uremia and alkalosis was made because of excessive intake of alkalies and the elevated carbon dioxide combining power of the plasma. The disorder was later recognized as the salt depletion syndrome, and suitable treatment was followed by improvement. The third patient, in addition to the salt losing syndrome, had myocardial insufficiency and hypertension, as well as complications of chronic nephritis. Unfortunately, treating the salt losing syndrome by the infusion of a 3% sodium chloride solution resulted in acute pulmonary edema and death. Case 4 illustrates that the salt losing nephritis may develop during acute renal disease and that the process in the tubular apparatus may be reversible. The authors feel that the salt losing syndrome should be suspected in all cases of chronic renal insufficiency with impending uremia, particularly in these days when restriction of salt has become so popular in the treatment of nephritis, edema, heart disease and hypertension. Early recognition and adequate treatment may add years to the life of these patients.

Pulmonary Paragonimiasis.—Pulmonary paragonimiasis is a disease caused by the presence within the lung parenchyma of the oriental lung fluke, Paragonimus westermani. It is designated also as endemic hemoptysis, lung distoma and pulmonary distomiasis. Geographical distribution of the disease in man has been limited mainly to the Philippines, Japan, Korea and Formosa, and to some parts of China, India, South America, Africa, Nigeria, Thailand and the Malay States. Patients with this disease observed in the United States all had been in these endemic regions. The disease is benign. Korean and Filipino patients may at first become alarmed about the hemoptysis, but later become so accustomed to occasional blood spitting that they attach little significance to it. Some patients never seek medical aid, and the diagnosis is made incidentally while investigating some unrelated complaint. Although pulmonary lesions constitute the primary pathological process, involvement of virtually every organ system in the body has been recorded. Various drugs have been tried in the treatment of paragonimiasis, notably tartar emetic, emetine, iodized oil (Lipiodol) and azosulfamide (Prontosil). Several antimony compounds, arsenicals and methylene violet have been found ineffective in infected dogs. Because Fuadin was efficacious in the treatment of another fluke-induced disease, schistosomiasis, it was tried in paragonimiasis. Results have been encouraging but inconclusive. In cases observed in Korea, the authors resorted to the intermittent administration of emetine, and obtained symptomatic improvement. Paragonimiasis is usually contracted by the ingestion of raw or poorly cooked fresh water crustaceans such as crabs and crayfish. Pulmonary paragonimiasis will usually be manifested by the triad: hemoptysis, roentgenographic changes in the chest, and operculated Paragonimus ova in the sputum. The clinical evolution of paragonimiasis is characterized by chronicity and surprising benignity in spite of the persistently recurrent hemoptysis and x-ray findings. The roentgenographic findings in pulmonary paragonimiasis closely mimic those of pulmonary tuberculosis.

Connecticut State Medical Journal, Hartford

17:491-562 (June) 1953

Diabetic Coma—Pathologic Physiology and Treatment. G. G. Duncan. —p. 493.
Use of Hexamethonium Chloride and 1-Hydrazinophthalazine in Treatment of Hypertension. D. M. Linley and I. S. Eskwith.—p. 498.
Ruptured Gall Bladder with Gastro-Intestinal and Intraperitoneal Hemorrhage. W. Cohen, W. Mendelsohn and A. J. Mendillo.—p. 500.
Traumatic Myocardial Infarction. J. A. Segal.—p. 503.
Pulmonary Infarction Complicating Mumps. H. J. Lehmus.—p. 507.
Role of Local Health Department and Others in Community Control of Chronic Disease. A. L. Burgdorf.—p. 508.

Geriatrics, Minneapolis

8:297-358 (June) 1953

Carcinoma of Cervix Uteri. L. A. Gray.—p. 297.
Tuberculosis—Geriatric Problem. L. M. Barber, C. N. Reese and L. Mazzadi.—p. 306.
Management of Diabetes in Office and at Home. R. Harwood.—p. 311.
Psychological Investigation of Senile Dementia: II. Wechsler-Bellevue Adult Intelligence Scale. H. Dörken Jr. and G. C. Greenbloom. —p. 324.
Management of Congestive Heart Failure. F. R. Schemm.—p. 334.

Journal Clin. Endocrin. & Metab., Springfield, Ill.

13:753-890 (July) 1953

Changes in Circulating Eosinophils in Juvenile Diabetics in Response to Epinephrine, ACTH and Hypoglycemia. L. Grinspoon, U. Sagild, H. P. Blum and A. Marble.—p. 753.
Observations on Antidiuretic Substance in Human Serum. A. A. G. Lewis.—p. 769.
Mineral Composition of Thermal Sweat in Healthy Persons. K. L. Ahlman, O. Eränkö, M. J. Karvonen and V. Leppänen.—p. 773.
Female Pseudohermaphrodism: Description of 2 Unusual Cases. W. H. Perloff, K. B. Conger and L. M. Levy.—p. 783.
Adrenal Cortical Insufficiency Associated with Eosinopenia: Report of Case. K. M. West.—p. 791.
Hypothyroidism Due to Thyrotropin Deficiency Without Other Manifestations of Hypopituitarism. C. R. Shuman.—p. 795.
Hemangioendothelioma of Thyroid: Review of Literature and Report of Case. V. E. Chesky, W. C. Dreese and C. A. Hellwig.—p. 801.

Journal-Lancet, Minneapolis

73:215-260 (June) 1953. **Partial Index**

Hormone-Induced Hypopotassemia: Critical Resume. E. B. Flink.—p. 215.
*Hypopotassemia and Other Electrolyte Disturbances in Cushing's Syndrome. R. G. Sprague and M. H. Power.—p. 217.
Relationship of Potassium to "Steroid Diabetes" in General and Steroid Hormone-Induced Insulin Resistance in Particular. L. W. Kinsell. —p. 222.
Studies in Diabetic Coma and Acidosis: Interrelationships of Urinary Potassium, Sodium and Chloride. T. S. Danowski.—p. 224.
Homeostatic Limitations in Parenteral Fluid Therapy. A. M. Butler. —p. 226.
Disturbances of Potassium Metabolism Associated with Chronic Disease and Surgical Procedures. J. E. Howard.—p. 230.
Electrocardiographic Changes Related to Disturbances in Potassium Metabolism. H. B. Burchell.—p. 235.
Relation of Potassium Metabolism to Cardiac Function. R. Tarail. —p. 238.
Pathology of Potassium Deficiency. R. H. Follis Jr.—p. 241.
Recent Studies on Role of Potassium in Hereditary (Familial) Periodic Paralysis. I. McQuarrie and M. R. Ziegler.—p. 252.

Hypopotassemia and Other Electrolytes in Cushing's Syndrome.—The term Cushing's syndrome should be reserved for patients who have most or all of the following conditions: obesity or an abnormal distribution of fat and wasting of

muscles so that the face, neck, and trunk appear obese and the extremities thin, muscular weakness, hypertension, osteoporosis, amenorrhea or impotence, hirsutism and acne in the absence of other evidences of virilization, thin skin with purplish striations and a tendency to ecchymosis, and a cervicothoracic fat pad. Usually the urine is alkaline, lymphopenia and eosinopenia are present, and carbohydrate tolerance is impaired. Some patients with Cushing's syndrome exhibit, as one manifestation of adrenal cortical hyperfunction, a disturbance of the plasma electrolytes which, in its classical form, is characterized by decreased concentrations of potassium and chloride, increased concentration of bicarbonate and increased pH. The concentration of sodium may or may not be increased. This condition has usually been designated as hypochloremic, hypopotassemic alkalosis. On the basis of observations at the Mayo Clinic, Sprague and Power summarize the electrolyte disturbances of Cushing's syndrome, which are a consequence of the action of excessive amounts of adrenal hormones, probably cortisone-like, as follows: Presumably in all cases there is a depletion of intracellular potassium and probably an increase in intracellular sodium. In some, particularly those in which the disease is severe, there is, in addition, a lowering of the extracellular concentration of potassium as measured in the blood plasma or serum. When hypopotassemia exists, and occasionally when it does not, there is likely to be hypochloremia and alkalosis. Hypernatremia, due to the Na-retaining activity of adrenal steroids, may or may not be present. Occasionally retention of sodium is sufficiently marked to cause edema. The muscular weakness that is characteristic of Cushing's syndrome is probably not solely a result of potassium deficiency, but rather in part a consequence of wasting of muscle due to the catabolic action of cortisone-like steroids on protein. However, extreme degrees of weakness, or even paralysis, are occasionally dramatically improved by administration of potassium. In such instances potassium deficiency appears to be an important factor in the muscular weakness. While administration of potassium chloride will correct the electrolyte abnormalities of Cushing's syndrome, it will not correct the other features of the syndrome.

Nebraska State Medical Journal, Lincoln

38:201-232 (June) 1953

Barbiturates in Anesthesia. D. Thompson.—p. 203.
The Sprained Ankle. J. E. M. Thomson.—p. 206.
Hoarseness. J. J. O'Neil.—p. 209.
Fifty Cases of Peptic Ulcer in University Students. M. P. Brolsma. —p. 214.
Skin Manifestations of Intrinsic Allergies. L. J. Owen.—p. 219.

38:233-280 (July) 1953

What Blue Shield Can't Pay—and Why. G. E. Peters.—p. 238.
Hematuria. H. V. Munger.—p. 241.
Outlook for the Cerebral Palsied Child. J. M. Thomas and H. Mitchell. —p. 247.
Pitfalls in Urological Diagnosis. E. Davis.—p. 250.

New England Journal of Medicine, Boston

248:995-1036 (June 11) 1953

Observation and Experiment. A. B. Hill.—p. 995.
*Nonsyphilitic Interstitial Keratitis and Bilateral Deafness (Cogan's Syndrome) Associated with Essential Polyangiitis (Periarteritis Nodosa): Review of Syndrome with Consideration of Possible Pathogenic Mechanism. L. Oliner, M. Taubenhaus, T. M. Shapira and N. Leshin. —p. 1001.
*Prognosis in Gastric Ulcer Treated Conservatively. B. M. Banks and L. Zetzel.—p. 1008.
Case of Pulmonary Tularemia Treated with Aureomycin. E. L. Hamilton. —p. 1013.
Treatment of Peptic Ulcer (Concluded). L. Zetzel.—p. 1015.
Anaphylactoid Reaction to Hydriodide of Diethylaminoethyl Ester of Penicillin G (Neo-Penil). L. A. Chotkowski.—p. 1022.

Nonsyphilitic Interstitial Keratitis with Deafness.—Nonsyphilitic interstitial keratitis with deafness is rare, only 15 cases having been reported so far. It appears suddenly in young adults. The initial symptoms may involve one or both eyes, with redness, blurring of vision, pain, lacrimation, blepharospasm and subconjunctival hemorrhage; or the disturbances may involve the ear with symptoms similar to those of Ménière's syndrome, namely, nausea, vomiting, tinnitus, vertigo, and rapid development of deafness. The symptoms of the two systems may occur either within a few hours of each other or several months apart, but most commonly they follow within one or two weeks. A granular corneal infiltrate, patchy in distribution, is present mainly in the posterior half of the cornea, but the cornea is not thickened, and the retina is not involved. When vascularization and keratitic precipitates are present the visual acuity is diminished. Unilateral or bilateral inner-ear deafness with diminished or no vestibular responses develops. Neurological examination and reaction for syphilis are negative, and the cerebral fluid is normal. The course of the disease is chronic with one acute episode and daily varying symptoms in the same or from one to the other eye, or with several episodes and remissions in between. The prognosis is unfavorable since treatment is of little benefit although with cortisone the ocular sequelae may be minimized. The etiology of this syndrome is still unknown and has been ascribed to postvaccinial encephalitis and viral infection. On the basis of some cases in which a more generalized involvement was reported, the hypothesis was advanced that the generalized illness may have been polyangitis (periarteritis nodosa). This had varied from minimal perivascular lymphocytic infiltration to necrotic inflammation of all the vessels and granuloma formation with giant cells. The ocular and aural symptoms may have been only localized manifestations of the disease and the patients in whom the generalized disease was not reported may not have been followed until the generalized symptoms developed. The authors report the case of a 23-year-old woman in whom the vascular reactions occurred after two acute episodes of ocular and aural symptoms. Later the gastrointestinal tract, skin, heart, pleura, and sclera became involved, and there was a flare-up of the keratitis, abscess formation with periarteritis changes and appearance of giant cells with granuloma formation. The prognosis was favorable because there was never a major renal involvement. But although cortisone improved her condition, bilateral deafness, loss of vestibular function, and white corneal opacities have remained.

Late Results of Conservative Treatment of Gastric Ulcer.—A follow-up was made of 48 patients with gastric ulcer who were treated conservatively from 1931 to 1946. Results indicated that the prognosis of gastric ulcer under medical treatment is far from reassuring in view of the probability of present or future carcinoma and the incidence of recurrences and complications. There were 34 males and 14 females in this group; the youngest patient was 7 years old and four patients were more than 70 years old. A typical ulcer sequence pain was present in 34 patients, and massive bleeding in 17. Anemia was present in six and in five of them it was ascribed to gross bleeding. The symptoms before hospitalization had lasted two years in 16 patients, two to five years in 14, and more than five years in 16; the duration of the symptoms was not recorded in 2 patients. The ulcers were located in the lower third of the stomach in 13 patients, in the middle third in 17, and in the upper third in 17. One patient had multiple ulcers and seven had an associated duodenal ulcer. The symptoms had disappeared quickly within the first week of treatment in all the patients, and the associated diseases (mostly cardiovascular and pulmonary disorders) did not affect the clinical course of the ulcer. Three-fifths of the patients received optimal management whereas the others were discharged prematurely. Four patients were followed for more than 15 years, seven for 10 to 15 years, 20 for 5 to 10 years, and the others for about 2½ years. Only 11 patients have always remained free of ulcer symptoms, 7 are still well despite one or more recurrences of ulcer activity, and 2 patients have died of other causes. Of 20 patients who continued to have periodic exacerbations of the symptoms 6 have been operated on and 4 have been similarly advised. Eight patients have died of verified carcinoma of the stomach. When a diagnosis of gastric ulcer is made, the patient should be hospitalized immediately for evaluation and decision as to the best method of treatment. Conservative treatment is justified if after a trial period of approximately eight weeks serial roentgenograms reveal a progressive decrease

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in the size of the ulcer. The patient may be discharged only when the lesion has disappeared completely and normal pliability to the gastric wall in the affected area has been restored. Then a regular radiologic examination of the stomach should be taken twice a year for the first three years and annually thereafter, even if digestive symptoms are no longer present.

Northwest Medicine, Seattle

52:351-432 (May) 1953

Prepaid Medicine, Friend or Foe? Critical Analysis. G. B. Leitch. —p. 369.
Cerebral Arteriosclerosis: Comparison of Clinical Status with Autopsy Finding. A. A. McLean.—p. 374.
Changing Panorama of Medical Care and Some of Its Implications in Medical Education. E. L. Turner.—p. 377.
Intestinal Perforation Due to Ingested Foreign Bodies. V. O. Lundmark, D. Metheny and E. Sanderson.—p. 380.

52:433-518 (June) 1953

Analgesia and Anesthesia in Obstetrics. R. D. Reekie.—p. 453.
The General Practitioner Versus Carcinoma of Colon. A. B. Baker. —p. 458.
Prepaid Medicine, Friend or Foe? Critical Analysis. G. B. Leitch. —p. 462.
Gangrenous Appendix Epiploicus. R. B. Hearne.—p. 467.
Rehabilitation Problems in the Aging. A. C. Jones.—p. 469.

Postgraduate Medicine, Minneapolis

13:1-90 (July) 1953

Historical Sketch of School of Medicine of University of Pennsylvania. E. B. Krumbhaar.—p. 1.
Antimicrobial Therapy of Bacterial Pneumonias. H. F. Flippin.—p. 6.
Observations on Some of Basic Concepts of Electrocardiography. C. C. Wolferth.—p. 14.
Cultivation of Poliomyelitis Virus in Tissue Culture of Human Uterus with Emphasis on Broader Aspects. R. M. McAllister.—p. 19.
Therapeutic Application of Ultrasonic Therapy. G. M. Piersol.—p. 24.
Microbiologic Agents of Infectious Disease. S. Mudd.—p. 33.
Medical Management of Acute Myocardial Infarction and Chronic Coronary Artery Disease. W. D. Stroud and J. A. Wagner.—p. 43.
Diagnostic and Therapeutic Uses of Intestinal Intubation. A. J. Cummins. —p. 46.
Current Therapy in Essential Hypertension. J. E. Strang and R. J. Gill. —p. 52.

Proc. Staff Meet. Mayo Clinic, Rochester, Minn.

28:305-336 (June 3) 1953

Clinical Aspects of Nephrocalcinosis. J. D. Mortensen, J. L. Emmett and A. H. Baggenstoss.—p. 305.
Acute Pseudomembranous Enterocolitis. M. S. Kleckner Jr., J. A. Bargen and A. H. Baggenstoss.—p. 313.
*Posthepatitic Cirrhosis. A. H. Baggenstoss and M. H. Stauffer.—p. 320.
Cysts of Septum Pellucidum: Interesting Case Reports. W. McK. Craig, R. H. Miller and C. B. Holman.—p. 330.

Posthepatitic Cirrhosis.—Forty-three cases of cirrhosis were studied in which the clinical data strongly suggested that hepatitis of viral origin had been present. In all but two of these cases, jaundice had been present at some time during the course of the disease. No case was included in which there had been a history of exposure to hepatoxic chemicals, cardiac failure, thyrotoxicosis, hemolytic anemia, alcoholism, operation on the biliary ducts, or other complicating diseases. Necropsy excluded cases in which extrahepatic obstructive jaundice was present. The principal causes of death were hepatic insufficiency (81.4%) and hemorrhage (18.6%). The livers were classified grossly as lobar, nodular, and granular. The lobar and nodular livers were typical of so-called toxic or postnecrotic cirrhosis. The granular livers resembled Laennec's or alcoholic cirrhosis in many clinical and pathologic aspects; in seven of these granular livers the histopathologic appearance was identical with that observed in Laennec's cirrhosis. It is suggested that viral hepatitis may occasionally result in the morphologic equivalent of Laennec's or alcoholic cirrhosis. Aside from the granular group, however, the cases of posthepatitic cirrhosis revealed many differences from Laennec's cirrhosis. Among these were a younger age distribution, predominance of females, lesser incidence of ascites and greater incidence of jaundice as early symptoms, leukopenia and the relentless and rapid course. Anatomically, posthepatitic cirrhosis differs from most cases of Laennec's cirrhosis in that esophageal varices are less common, the livers are smaller, the regenerative nodules are larger and farther apart and large zones of atrophy are present. Histologically bizarre cellular forms are common and infiltration with fat is absent or slight in posthepatitic cirrhosis.

Psychoanalytic Quarterly, Albany, N. Y.

22:153-320 (April) 1953. **Partial Index**

Reconsideration of Dream Screen. B. D. Lewin.—p. 174.
Trauma, Projective Technique, and Analytic Profile. M. M. Stern. —p. 221.

Radiology, Syracuse, N. Y.

60:797-972 (June) 1953

Right Anterior Oblique Projection in Angiocardiographic Demonstration of Infundibular Stenosis. S. N. Marder and W. G. Scott.—p. 797.
Aneurysm of Innominate Artery: Review of Clinical and Radiologic Findings in 18 Cases. B. B. Gay Jr. and J. F. Walker.—p. 804.
Hyperplasia of Brunner's Glands: Report of Two Cases with Review of Literature. G. D. Dodd, J. S. Fishler and O. K. Park.—p. 814.
Pneumatosis Cystoides Intestinalis in an Adult: Preoperative Roentgen Diagnosis. S. A. Glidden and H. M. Stauffer.—p. 822.
Attempt to Localize the Normal Esophagogastric Junction. E. D. Palmer. —p. 825.
Benign Duodenocolic Fistula: Review of Literature and Case Report. R. S. Clayton and W. L. Thornton.—p. 832.
Roentgen Findings in Neuroblastoma. R. S. Sherman and R. Leaming. —p. 837.
Nutcracker Fracture of Cuboid by Indirect Violence. M. B. Hermel and J. Gershon-Cohen.—p. 850.
Tarsal Coalition, with Special Reference to Roentgenographic Interpretation. W. H. Vaughan and G. Segal.—p. 855.
Fast Neutron Dosimetry. G. S. Hurst and R. H. Ritchie.—p. 864.
*Failures, Flops and False Localizations in Tracer Technic. K. E. Corrigan and H. S. Hayden.—p. 870.
Calibration of Therapeutic X-Ray Generators. T. J. Wang.—p. 885.

Failures and False Localizations in Tracer Technique.—Corrigan and Hayden show that, although the tracer technique is a precise diagnostic procedure, failures and false localizations may occur. In recounting some of these false interpretations they mention a patient with a mass in the left side of the neck. The tracer study showed a distorted thyroid with some retrosternal extension and a poor concentration and very poor retention of the tracer in the mass. In reviewing the counts and the entire tracer pattern now the authors realize that it was a perfect pattern of thyroiditis, but at the time they believed it to be carcinoma of the thyroid. In another case blockage of the kidney had collected a portion of the tracer material and had led to the erroneous interpretation of a functioning metastasis from a carcinoma of the thyroid. After discussing a number of other failures, the authors say that as in the case of roentgen rays the limitations as well as the potentialities of the tracer technique must be understood. This physical technique will never supplant sound clinical judgment or expert radiological study. When used carefully in cooperation with the other specialties, its capabilities are almost unlimited. In 2,711 tracer studies conducted on 2,367 patients, the authors experienced a total of only 13 failures and false localizations. The most serious of these were three carcinomas of the thyroid which were missed and three cases which were believed to be carcinoma of the thyroid that later could not be proved. Four were cases of mediastinal involvement; only one of these was an utterly erroneous conclusion, and the other three were cases of correct identification of one of two entities present. In contrast, a total of 119 cases of carcinoma of the thyroid were identified correctly by tracer technique, 14 of which were totally unsuspected at the time tracer study was performed.

West Virginia Medical Journal, Charleston

49:145-180 (June) 1953

Subdeltoid Bursitis. W. B. MacCracken.—p. 145.
New Medical Education Program for West Virginia. I. Stewart.—p. 149.
Music in Medicine. G. E. Arrington Jr.—p. 152.

World Medical Association Bulletin, New York

5:65-128 (April) 1953

Medical Publications in Latin America. J. A. Bustamante.—p. 72.
Control of Advertising in Medical Publications. G. Gundersen.—p. 73.
The Political Editorial in Medical Journals. M. Fishbein.—p. 75.

FOREIGN

Acta Paediatrica, Stockholm

42:87-176 (March) 1953. **Partial Index**

Asthmatic Bronchitis in Children: Prognosis for 162 Cases, Observed 6-11 Years. I. Boesen.—p. 87.
Coeliac Disease: III. Excretion of Unsaturated and Saturated Fatty Acids by Patients with Coeliac Disease. H. A. Weijers and J. H. van de Kamer.—p. 97.
Further Studies of Tuberculin Hemagglutination in Tuberculous Infection, Benign and Virulent. R. Lagercrantz, J. C. Peterson and J. Lind. —p. 113.
Plasma Calcium in Cord Blood and in the Newborn: Preliminary Report. N. Hallman and I. Salmi.—p. 126.
*Supply of Oxygen to Prematures and Appearance of Retrolental Fibroplasia. A. Huggert.—p. 147.

Administration of Oxygen and Retrolental Fibroplasia.—Huggert, in a previous paper, reported observations on the eyegrounds of 66 prematurely born infants with a birth weight of less than 2,600 gm. In many of these the fundus showed peripheral edema and changes in the caliber of the vessels, and more than 25% exhibited the picture similar to that regarded as the early stage of retrolental fibroplasia. Huggert reports further observations on 130 cases. The retinal vessels were often very narrow during the administration of oxygen, and vascular dilatation and peripheral edema occurred in most cases when oxygen was stopped, but in some instances even during the administration of oxygen. In the infants who had not been given oxygen, dilatation of the vessels and edema occurred immediately after birth. Retrolental fibroplasia developed in two of those who were treated with oxygen. Recently one of the infants in Huggert's clinic showed such severe retinal changes of early retrolental fibroplasia type that the infant was replaced in an incubator and was treated with oxygen. Under the oxygen treatment (with approximately 60% oxygen) there was a reversion of the retinal changes such as was reported by Szewczyk. Later, when the oxygen was gradually reduced, there was a reappearance of the vascular dilatation in one of the eyes which lasted for about a week and then disappeared. This case has been observed too recently for final evaluation. As further proof of a connection between oxygen therapy and retrolental fibroplasia the author points out that the latter was rarely if ever observed before 1941, when it was noted in an increasing number of prematurely born infants in the United States. In Sweden it began to be observed more frequently in 1944 and 1945. Incubators with special oxygen administration began to be generally used in the United States about 1940 and in Sweden in 1944. The incubators used in Sweden usually supply 45% oxygen, whereas many of the models used in the United States supply between 60 and 80% oxygen. If the oxygen content as such, or the rapid change-over from a high oxygen content to a normal one, is the decisive factor in retrolental fibroplasia, the stress involved in the change will be severer in the American type incubators with their more concentrated oxygen supply.

Folia Cardiologica, Milan

12:93-204 (No. 2) 1953

*Indications and Results of Ligation of Inferior Vena Cava in Some Diseases of Heart and Circulation: Problems of Physiopathology. U. Bracci, L. Garin, L. Lorenzini and D. Tosetti.—p. 93.
Radiologic Study of Pulmonary Artery (Contribution to Body Section Roentgenography): I. In Normal State and in Congenital Dilatations. G. Luzzatti and F. Rovelli.—p. 161.

Ligation of Inferior Vena Cava in Patients with Cardiovascular Diseases.—The inferior vena cava was ligated below its point of junction with the renal veins in 12 patients with cardiac decompensation caused by lesions of the mitral valve and in 3 patients with sclerosis of the pulmonary artery and hypercyanotic angina. The intracavitary pressure in the superior vena cava, the right atrium and right ventricle, and sometimes the inferior vena cava and the coronary sinus were recorded by catheterization of the right heart. Arterial and venous pressures, circulation time, and electrocardiograms were recorded before and after the operation, and capillaroscopy of the hands and feet was also made. Particular attention was given to the anesthesia and the position of the patient during the operation. Patients who for a long time have lain only in an orthopneic position should not be made to lie horizontally on the operative table. These patients were placed at a 35 to 45 degree angle and the plane of the table was slightly rotated to the left. A dose of 0.05 gm. of Etamyl (5,5-isoamylethylbarbiturate) or pentobarbital (Nembutal) was given to the patients three hours before the operation and again one hour later, then 1 cg. of morphine with 0.5 mg. of atropine was given one hour before the operation. Anesthesia was accomplished with thiopental (Pentothal) sodium, curare, procaine and ether. Only one patient died during the operation, but she had been placed in a position which was more horizontal than her usual position and death was ascribed to this fact rather than to the ether. The patients were given oxygen immediately after the operation and anticoagulants on the second day. Venous thrombosis of the legs developed in eight patients, occurring generally between the 3rd and 10th day. It was located in the right leg of four patients, the left leg of three, and both legs of one patient. However, the edema which followed disappeared rapidly and entirely. Bronchopneumonia developed in one patient on the eighth day but it was cured with antibiotics. There was no case of embolism. Results were gratifying in eight patients who have been well for several months; some of them have already returned to their jobs. A mild cardiocirculatory insufficiency is still present in two patients who, however, can walk if they follow a proper diet and proper medication. Four patients improved slightly, but the disease regressed rapidly to the preoperative stage. Two of them have since died. The operation was tolerated well and gave better results in patients with elevated pressures in the right ventricle (even double the normal values) but with normal or slightly increased atrial pressures. It was tolerated less well by patients with elevated atrial pressures. The good results brought about by this operation should not be entirely ascribed to the improved cardiovascular dynamics. A general change in tonus and contractility especially of the arterioles is suggested.

Klin. Monatsbl. für Augenheilkunde, Stuttgart

122:513-640 (No. 5) 1953. **Partial Index**

Therapy in Severe Corrosions of Eye. O. Thies.—p. 513.
New Attempts at Alloplasty of Cornea. G. Sommer.—p. 545.
*Congenital Absence of Tear Secretion and Keratoconjunctivitis Sicca in Children. H. Sjögren.—p. 554.
Fungus Disease of Supporting Structures of Eye. S. Fazakas.—p. 559.
Observations on the Eye Following Treatment of Tuberculous Meningitis with Streptomycin and Isoniazid. A. Obal.—p. 584.
Influence of Dextrose Bath on Pathologically Increased Intraocular Pressure. H. Löhlein.—p. 599.

Congenital Absence of Tear Secretion.—Sjögren reports 14 cases of congenital absence of tear secretion which he found recorded in the literature, beginning with the first case described by Morton in 1844 and ending with a case observed by himself and Eriksen in 1950. The condition is usually of neurogenic origin, that is, it is due to aplasia of the secretory nuclei, or to the fact that the connection between the secretory center and the nerve tracts is lacking now and then in newborn infants. It may be caused by a congenital disturbance in the autonomic nervous system. It is possible that in a few cases aplasia of the lacrimal glands exists. This has not been definitely proved, but if such cases do occur they may perhaps be incomplete forms of congenital ectodermal dysplasia. Thus there seems to be a congenital form of keratoconjunctivitis sicca which differs fundamentally from the form which occurs in adults; in infants there is aplasia, in adults, atrophy.

Lancet, London

1:1161-1210 (June 13) 1953

Acetylcholine and Heart Beat. J. H. Burn.—p. 1161.
Surgery in Severe Hypertension: Survey of Results. F. d'Abreu.—p. 1164.
Detection of Weak Rh Antibodies in Maternal Antenatal Sera: Value of Enzyme-Treated Test Cells. F. Stratton.—p. 1169.
Ureteric Transplantation into Isolated Length of Ileum. D. Annis, W. R. Hunter and C. Wells.—p. 1172.
Artificial Bladder. T. Moore.—p. 1176.
Hyperchloraemic Acidosis Following Implantation of Ureters into Isolated Loop of Ileum. A. O. Wilson.—p. 1178.
Replacement of Both Ureters by Ileal Graft. J. Foret and C. Heusghem. —p. 1181.
Herpes-Simplex Hepatitis and Encephalitis in Newborn Twins. N. E. France and M. J. Wilmers.—p. 1181.

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Minerva Chirurgica, Turin

8:261-346 (April 15) 1953. **Partial Index**

Diagnosis and Surgical Treatment of Obstructions and Benign Stenoses of Common Bile Duct. A. M. Dogliotti and E. Fogliati.—p. 261.
Two Cases of Anencephaly. A. Foà.—p. 272.
Physiopathology of Arteriovenous Fistula. P. G. Frattini.—p. 273.
Primary Melanotic Carcinosarcoma of Rectum. D. C. Gabetti.—p. 278.
*Surgical Treatment of Elephantiasis Nostras. P. Gagliardi.—p. 283.

Surgical Treatment of Elephantiasis Nostras.—The results of surgical treatment of elephantiasis nostras (chronic streptococcic lymphedema) are far from encouraging. Treatment of this disease should always be individualized, since the results depend on the degree of edema and lymph stasis. Rest, hot baths, massage, elastic bandages, and electrotherapy may prove beneficial when pachydermia has not yet developed. When the disease is complicated by sclerosis, treatment should consist of (1) intensive therapy with antibiotics and sulfonamides against the micro-organisms responsible for the infection in the lymphatics; (2) creation of new channels to eliminate or diminish the lymph stasis; and (3) removal of as much of the sclerotic tissue as possible. The sclerosis will impair the function of the lymphatics that have been spared by the disease and will affect the new pathways that were formed surgically. Handley's operation has given some good results in the treatment of this disease, but Kondoleon's operation has proved superior. It consists in removing large strips of the scarred and thickened aponeurosis so that the skin comes in contact with the deep tissues; connections are established between the superficial and the deep lymphatics and thus the lymph can drain through the lymphatics of the muscular tissue. Although recurrence is unavoidable, the operation is not futile since it brings relief and can be repeated without danger. The author reports his surgical results in two patients with elephantiasis nostras in the legs. The first was a 19-year-old man who had had the disease for two years. Kondoleon's operation was performed on both legs twice in three months. Each time penicillin and sulfonamides were given preoperatively. The patient's condition was improved. A follow-up five years after the last operation revealed that edema was no longer present in the thighs and feet, although it had increased slightly in the legs. He had long since resumed his work as a shepherd and was able to walk and stand for many hours of the day. The second patient was a 20-year-old woman in whom the disease, which involved the right leg only, had appeared at the time of her first menstruation. She was given penicillin and sulfonamides for three days and then Lanz's operation was performed. The size of the leg was diminished, but seven months later edema began to reappear. Kondoleon's operation was then performed and good results were obtained. The patient was well 10 months later and the edema was not present. At the time of writing, more than two years after the operation, the improvement was still present.

Nederlandsch Tijdschrift v. Geneeskunde, Amsterdam

97:1173-1240 (May 9) 1953. **Partial Index**

Recent Experiences with Artificial Kidney. W. Betist.—p. 1179.
Atelectasis Due to Reabsorption After Pulmonary Operations. J. K. Kraan.—p. 1188.
Plastic Surgery in Lesions of Finger Tips. S. T. Woudstra and A. J. C. Huffstadt.—p. 1195.
*Parinaud's Conjunctivitis and Cat Scratch Disease. A. W. C. van Vee'en and P. D. Stibbe.—p. 1203.

Parinaud's Conjunctivitis and Cat Scratch Disease.—In 1948 van Veelen and Stibbe observed a 14-year-old girl, who had conjunctivitis, edema of the eyelids, swellings of the left ear and jaw, and enlargement of the regional lymph nodes. The disorder was diagnosed as Parinaud's conjunctivitis, but the etiology remained obscure. The conjunctival secretion was examined for molds, spirochetes, the Corynebacterium diphtheriae and several other organisms, but the results were always negative. Pus from the suppurating lymph nodes was likewise examined for various pathogenic organisms, but here again the tests remained negative, as did also the agglutination reactions for brucellosis, tularemia, typhoid, paratyphoid and typhus, serologic tests for syphilis, the complement fixation test for psittacosis and the search for the virus of venereal lymphogranuloma. In 1952, the girl was subjected to an intracutaneous test with the antigen of cat scratch disease. Since this test resulted in a positive reaction, it was assumed that the attack of conjunctivitis in 1948 was probably caused by the virus of cat scratch disease.

Semaine des Hôpitaux de Paris

29:1721-1782 (May 26) 1953

General Medicine is a Specialty. H. P. Klotz.—p. 1721.
Importance of Morbid Predisposition in So-called Psychosomatic Thyroses. H. P. Klotz and H. Elmaleh.—p. 1724.
Psychoses Related to Unrecognized Endocrine Disorders: Cure by Hormone Therapy. H. P. Klotz and R. Klotz-Valensi.—p. 1727.
*Obesity Does Not Mean Overeating. H. P. Klotz and P. Lumbroso.—p. 1733.
Progressive Scleroatrophy of the Thyroid Gland. H. P. Klotz, C. Sors and J. Avril.—p. 1740.

Obesity and Overeating.—The theory that obesity is merely the result of overeating presupposes that the obese person has normal physiological responses. Overeating is undoubtedly common among the obese, but overeating alone does not cause obesity. The metabolic processes and the changes produced in them by various factors enter into the problem of obesity. The metabolic defect which results in obesity is usually hereditary; it may be sufficient to produce obesity without overeating, or it may become operative only under special conditions, which may be neuropsychic in origin. The weight of a normal person is generally stable; overeating or excessive inactivity may result in weight gains, but when these factors are removed, the weight soon returns to its former level. Moderate dieting will correct physiological overweight of this kind, but in obesity there is a pronounced difference between the ease with which weight is gained and the extreme difficulty with which it is lost. Long continued overeating may transform a normal person into an obese one, and vice versa. The metabolic defect responsible for obesity affects several factors, chiefly tissular and neuropsychic. The disturbance in the adipose tissue, or lipophilia, characteristic of obesity is the result of changes in the cerebral cortex, which controls all the metabolic processes and is the predominant factor in producing appetite, and even hunger. The complex problem of obesity should therefore be reviewed in the light of the adaptive powers of the living body and the activity of the higher nervous system.

Trans. Royal Soc. Trop. Med. and Hyg., London

47:177-260 (May) 1953. **Partial Index**

Reactions Following Neurotropic Yellow Fever Vaccine Given by Scarification in Nigeria. F. N. Macnamara.—p. 199.
Coccidiosis in Man: Experiences in Natal. R. Elsdon-Dew and L. Freedman.—p. 209.
Distribution of Schistosome Ova in Alimentary Tract in Subjects of Bilharziasis. M. Gelfand and W. F. Ross.—p. 215.
Transverse Myelitis Due to Ova of Schistosoma Mansoni. P. H. Abbott and H. Spencer.—p. 221.
Pachyderma: II. Enunciation of Hypothesis of Fat Deficiency Syndrome in Man. J. W. Nelson.—p. 224.
*Out-Patient Treatment of Malaria with Single Dose Intramuscular Chloroquine in Hyperendemic Area in West Africa. D. B. Jelliffe.—p. 235.

Treatment of Malaria with Single Intravenous Injection of Chloroquine.—According to Jelliffe chloroquine diphosphate has only recently come into fairly general use in malaria therapy in many parts of Africa, although a considerable amount of work has been undertaken on the effects of chloroquine in other parts of the world. Forty African children aged from 4 to 27 months, all of whom were clinically sick with malaria (Plasmodium falciparum 30, P. malariae eight, and mixed two) were treated as outpatients with a single intramuscular injection of chloroquine. Parasite clearance and clinical cure followed within two days although in some cases follow-up showed a reappearance of parasitemia after from two to six weeks, due either to reinfection or relapse. The author concludes that chloroquine, given as a single intramuscular injection (5 mg. of base per kilogram of body weight), is a rapidly effective treatment for malaria. No general or local toxic effects were observed. The absence of fibrotic gluteal nodules, sterile abscesses and small areas of chemical muscle necrosis, as seen not rarely in these malnourished, anemic infants following intramuscular administration of quinine, was particularly striking and encouraging.

BOOK REVIEWS

The Basis of Clinical Neurology: The Anatomy and Physiology of the Nervous System in Their Application to Clinical Neurology. By Samuel Brock, M.D., Professor of Neurology, College of Medicine, New York University, New York. Third edition. Cloth. $7. Pp. 510, with 124 illustrations. Williams & Wilkins Company, Mount Royal and Guilford Aves., Baltimore 2, 1953.

Since 1937 this book has served a most useful purpose in correlating clinical neurology with the basic anatomy and physiology of the nervous system. This edition is brought up-to-date and thus continues to fulfill a real need. A few limited sections have been prepared by other authors, notably, those on electroencephalography and electromyography by Dr. Paul F. A. Hoefer, on electrodiagnostic methods by Dr. Joseph Moldaver, on visual pathways by Dr. Max Chamlin, on cerebral angiography by Drs. Leo M. Davidfoff and Emanuel Feiring, and on sensory extinction by Dr. Morris Bender. The entire book seems to have received the author's careful attention in this revision. There is little to criticize in the book; however, at least two of the illustrations (fig. 68 and 115) are poorly reproduced and should be replaced. The index, although useful, is incomplete. In a cursory examination of it several things were missed, among them the principal arteries of the brain.

Sympathetic Control of Human Blood Vessels. By H. Barcroft, M.A., M.D., M.R.C.P., Professor of Physiology, St. Thomas's Hospital Medical School, London, and H. J. C. Swan, Ph.D., M.B., B.S., Research Associate, Mayo Clinic, Rochester, Minnesota, Number 1, monographs of Physiological Society. Editors: L. E. Bayliss, W. Feldberg, A. L. Hodgkin. Cloth. 53.75. Pp. 165, with illustrations. [Williams & Wilkins Company, Mount Royal and Guilford Aves., Baltimore 2]; Edward Arnold & Co., 41-43 Maddox St., London, W.1, 1953.

This interesting book is published as a monograph of the Physiological Society. It presents in condensed form the role of the sympathetic nerves in the control of the blood vessels, particularly those of the muscle and the skin of the extremities. The physiological principles governing use of sympathectomy, norepinephrine and epinephrine, and the adrenergic blocking drugs are well presented, with appropriate illustrations. One chapter is devoted to the pheochromocytomas and another to the vasovagal syndrome. The senior author is an authority with world-wide recognition. The monograph makes available fundamental concepts, principles, and knowledge based upon contributions by authorities in several countries, and it is highly recommended as informative and concise reading for all physicians, medical students, and physiologists. It develops principles directly concerned with the clinical aspects of peripheral vascular disease and methods of study but does not cover differential diagnosis and treatment. The reader is thus given the basis upon which diagnosis and treatment are possible.

An Introduction to Public Health. By Harry S. Mustard, M.D., LL.D., Executive Director, State Charities Aid Association (N. Y.), New York. Third edition. Cloth. $4.25. Pp. 315. The Macmillan Company, 60 Fifth Avenue, New York 11, 1953.

This edition appears 9 years after the second edition and 18 years after the first edition. What originally started to be a textbook for the professional worker in public health has now been redesigned as a textbook and a reference for persons interested in problems of public health but who may not be professionally involved in public health administration. New chapters have been added on mental health and health education, and many of the chapters have been rewritten with the addition of new material and the deletion of old or outdated material.

In attempting to span a broad range of interest, Dr. Mustard has produced a book that is not sufficiently technical to be of interest to the professional public health worker but at the same time contains too much detail to give a clear overview of public health administration to the nonprofessional college student or the citizen who wishes to have some understanding of the public health operations in his community. Much of the quoted data are already out of date, and though the book may give an impression of the magnitude of certain activities it could not be used safely as a current reference. In general, the concepts expressed are standard points of view in the middle course of public health thinking. The descriptions of the various functions in a public health program give a reasonably accurate picture of the average program. "An Introduction to Public Health" should be of interest to most physicians in private practice and to those who are associated with any of the many phases of public health administration. If all physicians would read this volume, the health officer would have a much easier job in developing cooperative relationships with the practitioners of his community.

Lectures on the Scientific Basis of Medicine. Volume I: 1951-52. British Postgraduate Medical Federation, University of London. Cloth. 30s. Pp. 396, with illustrations. University of London, Athlone Press, London [distributed by Constable & Co., Ltd., 10-12 Orange St., Leicester Sq., London, W.C.2], 1953.

This book has been designed to appeal widely not only to busy physicians who have little time to read exhaustively but especially to young research workers, to teachers in the preclinical and clinical sciences, and to clinicians who will become consultants. The subjects included illustrate the methods by which new and fundamental knowledge has been acquired; some of the topics contain fresh observations; and others consist chiefly of matter that has been recently published elsewhere, and still others review recent progress in a particular field against a background of earlier advances. Beginning with a discussion of the scientific approach to medical research, the text covers a series of highly informative, although dissimilar, subjects; for example, lability of blood pressure, effects of hemorrhage on the cardiovascular system in man, tissue response to injury, the physiological basis of visual sensation, antibacterial immunity, antibodies, normal and pathological physiology of the kidney, aging, growth of the human at the time of adolescence, and biological action of radiation. This book should prove very helpful.

Pathology in Surgery. By Edwin F. Hirsch, Ph.D., M.D., Director of Henry Baird Favill Laboratory and Pathologist of St. Luke's Hospital, Chicago. Cloth. $10. Pp. 474, with 390 illustrations (photography by Inez M. Porter). Williams & Wilkins Company, Mount Royal and Guilford Aves., Baltimore 2, 1953.

Dr. Hirsch states: "Readers should remember that this text is not one in either general or special pathology, although both are fundamental." The volume was written not only for pathologists but for surgeons and surgical residents, even surgical residents in the various specialties. It may also be valuable to medical students who have had some training in general pathology. One is amazed at how much material the author has been able to include in this small monograph. The material from 11 separate fields includes: the respiratory system, the digestive system, the urinary system, the female reproductive system, the male reproductive system, the nervous system, the liver, gallbladder, and spleen, the ductus glands, and the skin. The index and the illustrations are excellent. The presentations are brief and concise, but adequate, and the amount of material included in the discussion is excellent.

For anyone who wishes a ready reference work in surgical pathology, this volume will prove useful. It will be useful to residents, for whom it was primarily prepared, and to men who are attempting to prepare for board examinations. Because of its excellent illustrations, it will give the reader a clearer concept of the lesion in which he has an interest.

These book reviews have been prepared by competent authorities but do not represent the opinions of any official bodies unless specifically so stated.

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QUERIES AND MINOR NOTES

SCHOOL CRAYONS AND PAINTS

TO THE EDITOR:—*What paints and crayons are safe for elementary school children to use in their school work and at home? Is turpentine a safe paint thinner and brush cleaner? How dangerous is it if splashed in the eyes?*

L. C. N. Wayland, M.D., Santa Barbara, Calif.

ANSWER.—Obviously school art crayons and paints should not contain lead, cadmium, benzol, methyl alcohol, carbon tetrachloride, or kindred agents. To some extent, the natural coloring agents are less harmful than the synthetic, but there are exceptions. Wax crayons colored with aniline dyes somewhat frequently cause methemoglobinemia, but this is chiefly due to chewing of the waxes rather than to proper school use. The paranitraniline colors are notable offenders. One difficulty springs from the fact that many art materials are sensitizers and on a somewhat unpredictable basis. Even the sizing materials and fixatives common to art work sometimes serve as sensitizing agents. The pigment in some colored pencils, such as the methyl violet in indelible pencils, may serve as a direct damaging agent to the eyes, that is, particles of methyl violet from indelible pencils entering the eye are peculiarly damaging to the cornea. Freedom from exposure in the art classroom is more a matter of supervision than of materials. Turpentine as mentioned serves as a good example. Ordinary turpentine is a toxic agent, a skin irritant, a sensitizer, and readily flammable. Intelligent supervision may eliminate all these threats. Both turpentine and rubbing alcohol, which chiefly is isopropyl alcohol, are eye irritants, the former being the greater offender. Brushes, if stored in a wet medium, should be kept in raw linseed oil. Safety in the art room is best provided through instructor supervision; however, certain producers of art supplies for elementary school use seek to avoid materials that may injure health.

POLYPOID TUMOR OF STOMACH

TO THE EDITOR:—*Could polypoid tumors of the cardiac end of the stomach rupture during the lifting of an object weighing 200 lb. (90.7 kg.) and could such a rupture result in slow bleeding, anemia, and death two months later?*

M.D., Massachusetts.

ANSWER.—It is possible that heavy lifting could result in rupture of a polypoid tumor in the cardiac portion of the stomach and cause progressive bleeding and anemia with subsequent death. It would, however, be difficult to prove that this has occurred, since it is doubtful that the muscular contractions incident to heavy lifting would produce more trauma to a tumor in the cavity of the stomach than would be produced daily by the ingestion of food and drink and by gastric peristalsis. A direct blow to the abdomen would be much more likely to produce such rupture or disorganization of a friable tumor mass.

CONGENITAL NYSTAGMUS

TO THE EDITOR:—*Are there any new drugs that are of help to patients with congenital nystagmus?*

Z. W. Gramling, M.D., Orangeburg, S. C.

ANSWER.—There is no treatment available for congenital nystagmus. Certain drugs, such as barbiturates given intravenously, may cause temporary cessation of nystagmus on direct forward gaze, but these same drugs also cause the development of nystagmus on lateral gaze. Congenital nystagmus, usually inherited, should be differentiated from so-called ocular nystagmus, which is the result of defective vision dating either from birth or from the occurrence of some ocular lesion before the development of fixation. Adequate correction of vision in the latter group may be of some benefit but will not control the nystagmus once it has developed.

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically so stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

FATALITIES ATTRIBUTED TO BOXING

TO THE EDITOR:—*I would appreciate information on the number of deaths attributed to boxing and on the pathological findings associated with these fatal injuries.*

Henry Fisketti, M.D., Duluth, Minn.

ANSWER.—Complete and accurate morbidity and fatality statistics of injuries and deaths attributable to boxing leave much to be desired. The answer to your questions on the number and causes of death in this sport is of necessity subject to inherent discrepancies, debatable interpretations, and errors of omission. In a relatively complete world survey of all fatalities in boxing, professional and amateur, including the military, from 1946 to 1952, however, it is estimated that about 2,200,000 bouts have taken place. Roughly 50% of the deaths in the ring during these same years occurred outside continental United States. The following table is an annual breakdown of these mortality statistics.

Year	Total Deaths	Professional	Amateur
1946	14	12	3
1947	10	5	5
1948	14	9	5
1949	19	12	7
1950	11	7	4
1951	12	3	9
1952	7*	3	4

* Deaths as of July, 1952.

For a more detailed analysis of this material, particularly the pathophysiological aspects of the causes of deaths reported above, the following references may be consulted: (1) Jokl, E.: The Medical Aspects of Boxing, South Africa, J. L. Van Schaik, Ltd., 1949; (2) Symposium on the Medical Aspects of Boxing, sponsored by the New York State Athletic Commission, New York, July 25-26, 1952, R. Christenberry, commissioner; (3) Christenberry, R. K.: Boxing in New York, Correspondence, *J.A.M.A.* **151:**317 (Jan. 24) 1953; and (4) Gonzales, T. A.: Fatal Injuries in Competitive Sports, *J.A.M.A.* **146:**1506 (Aug. 18) 1951.

BLACK DISCOLORATION BENEATH GOLD RING

TO THE EDITOR:—*After wearing a 14 carat gold ring for six months, a black discoloration of the skin under the ring and on the adjacent fingers developed in a patient. The salesperson told him that this was due to "acidity of his system." Is this a logical explanation?*

M.D., Washington.

ANSWER.—Fourteen carat gold ordinarily is alloyed with copper, although in white gold the chief alloy agent is nickel. Staining from white gold is not likely to occur. Both gold and copper are slightly soluble. Some persons secrete sweat containing traces of sulfur. A larger number of persons engage in work involving exposure to sulfur compounds that lend themselves to sulfide formation. The black discoloration probably is due to the presence of a metallic sulfide, formed as the result of action between the sulfur and metal from the ring. Such small amounts are involved that damage is not likely to be produced, and the main problem is a cosmetic one, although an allergy may be established. Certain jewelers' lacquers, when baked onto a gold object, may prevent this discoloration, not permanently but for a long time.

TREATMENT OF MENOPAUSAL SYMPTOMS

To the Editor:—*A patient, 51 years of age, has severe menopausal symptoms, including hot flashes and nervousness. In her last menstrual period, which occurred five months ago, the flow was scanty. Nine years ago she had a radical mastectomy for carcinoma of the right breast. There is no evidence of recurrence. Is the use of estrogen therapy contraindicated? If not, are natural or synthetic estrogens more advantageous?*

W. P. Skirball, M.D., Sandusky, Ohio.

Answer.—Entirely apart from the history of carcinoma of the breast apparently cured by mastectomy nine years ago, and applying to all cases of menopausal vasomotor symptoms, the therapeutic employment of estrogens should be held to the minimum required for symptomatic relief; they should be used orally and not hypodermically and should be administered intermittently, only when and if symptoms are severe. Continuous estrogen therapy carries with it the hazard of inducing postmenopausal bleeding and of prolonging the menopause by retarding the inevitable pituitary-ovarian readjustment. There is no evidence that moderate and intermittent estrogen therapy would carry with it any hazard of inciting cancer recurrence in a patient like the one described. Some physicians claim that the natural hormones bring about a greater sense of well-being than do the synthetic hormones, but this consultant has not observed any noteworthy difference. Should one wish to avoid even a speculative hazard in such cases, testosterone may be used, since it relieves the vasomotor symptoms, although not as effectively as the estrogens.

BLURRED VISION

To the Editor:—*A young man complains that his eyes "blur" at times. I have been unable to find this symptom mentioned in any book on ophthalmology. Can you advise me as to the causes of this condition?*

William E. Stevens, M.D., San Francisco.

Answer.—Indistinct, blurred, or obscured distant vision in children and in adults may be caused by uncorrected hyperopia, uncorrected or increasing myopia, opacities of the lens, degeneration of the macula, nystagmus of infantile origin, or the toxic action of drugs or bacteria on the retina and optic nerve as well as by the toxic action of tobacco.

POST-HERPETIC NEURALGIA

To the Editor:—*What is the proper treatment for the chronic neuralgia that follows herpes zoster?*

Harry F. Watt, M.D., Ocala, Fla.

Answer.—There is no treatment that will with certainty relieve post-herpetic neuralgia. Posterior root section, chordotomy, and sympathectomy have been tried in a number of patients but have not produced relief. A few cases have been reported in which removal of the skin involved by herpetic lesions or complete circumscription and undercutting of the involved skin in stages has given relief. Such a procedure may be tried in a case sufficiently severe to warrant such drastic treatment, but it must be realized by both the surgeon and the patient that there is no certainty of a cure.

BRAIN INJURIES

To the Editor:—*I am curious about two conditions that accompany certain types of brain injuries. The first is a low diastolic blood pressure, sometimes 0 mm. Hg, that occurs in the presence of a normal systolic pressure. The other, which I have noted rarely, is the occurrence, during patella reflex examination of one leg, of a "jerk" in the other leg. What is the physiological basis for these findings?*

M.D., South Carolina.

Answer.—A lowered diastolic pressure is not commonly seen in persons who have had an intracranial cerebral injury and is not to be correlated with such an injury. It is not clear what is meant by the statement that the opposite leg "jerks" when elicitation of the patella reflex is attempted. To answer this question it would be necessary to know which muscles contracted to produce the jerk observed. In many instances in which the tendon reflexes are hyperactive, percussion of one patellar tendon will cause a contraction of the adductor muscles of the opposite thigh and cause that thigh to jerk medially. If this is the response to which the inquirer refers, the explanation is that the blow on the knee is transmitted upward by the femur to the pelvis, and this blow transmitted to the pelvis on one side causes stretching of the adductor muscles of the opposite thigh, which respond by contracting. All tendon reflexes are, in fact, stretch reflexes and are elicited whenever the affected muscles are stretched suddenly.

POLIOMYELITIS AND TONSILLECTOMY

To the Editor:—*A child who had poliomyelitis three and one-half years ago is now in need of a tonsillectomy. Would there be any danger of activating the virus in her throat by the operation, with the possible result of the occurrence of bulbar paralysis?*

Samuel Newman, M.D., Danville, Va.

Answer.—All available evidence indicates that infection by the virus of poliomyelitis is of limited duration. Horstmann, Ward, and Melnick (*J. Clin. Investigation* **25**:278, 1946) studied the persistence of excretion of virus in the stools of 61 patients. In only one was virus found as late as 12 weeks after onset of the disease. Tests for virus in throat swabs have revealed its presence there for an even briefer period, and no instance has been recorded of the presence of virus for as long as three and a half years. There is, accordingly, no reason to believe that a tonsillectomy at this time may activate virus remaining from the earlier infection. The patient referred to is presumably immune to at least one of the three known types of poliomyelitis virus (the one responsible for his earlier attack). The danger of the occurrence of poliomyelitis following tonsillectomy should, therefore, be somewhat less than it would be if he were susceptible to all three types.

SINUSITIS IN CHILDREN

To the Editor:—*What is the accepted treatment for sinusitis in children between the ages of 2 and 10 years? Is antrostomy done routinely in children? What is the indication for it?*

Hans M. Schapire, M.D., Mattoon, Ill.

Answer.—Treatment for sinusitis in children between the ages of 2 and 10 years is essentially conservative. In the case of acute purulent sinusitis, treatment is both general and local. Bedrest, especially if fever is present, is valuable if the child's room is properly ventilated, with an approximate temperature of 70 F and a humidity of 40 to 50%. Systemic use of antibiotics or chemotherapeutic agents in appropriate dosage for children is exceedingly effective in the severer forms of acute sinusitis. As in the case of adults, medical treatment for sinusitis in children consists mainly in the general measures that favor restoration and maintenance of normal nasal and sinal physiological states. Ventilation of the nasal and sinal structures is effected by the rational use of 0.25 to 0.5% ephedrine sulfate in isotonic sodium chloride solution or any other suitable nasal vasoconstrictor that can relieve nasal congestion, improve nasal ventilation, and, when judiciously employed, aid in promoting adequate drainage from paranasal sinuses by opening obstructed ostia. Treatment for the chronic forms of sinusitis in young children includes such measures as irrigation, displacement therapy, and the elimination of possible allergic factors and obstructing hypertrophic adenoid tissue. Intranasal antrostomy should not be done routinely in children. Only in long-standing, resistant cases, and only in the event well-established measures have failed, should consideration be given to a more permanent form of drainage by means of intranasal antrostomy. A great deal depends on the ability of the physician to evaluate accurately the total problem, including the child's environment and background, and to apply therapy accordingly.

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